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| Fill in this information to identify your c                    | ase:                          |                       |
|--|-------------------------------|-----------------------|
| United States Bankruptcy Court for the:  DISTRICT OF MINNESOTA |                               |                       |
| Case number (if known):  | Chapter you are filing under: |                       |
|  | ✓ Chapter 7                   |                       |
|  | Chapter 11                    |                       |
|  | Chapter 12                    | ☐ Check if this is an |
|  | Chapter 13                    | amended filing        |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

|  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|---|
| 1. Your full name  |  |   |
| Write the name that is government-issued pidentification (for example) | cture First Name                         | First Name                                    |
| your driver's license o passport).                                     |  | Middle Name                                   |
| Bring your picture identification to your n                            | Pasaporte Last Name                      | Last Name                                     |
| with the trustee.  | Suffix (Sr., Jr., II, III)               | Suffix (Sr., Jr., II, III)                    |
| All other names you  |  |   |
| have used in the last<br>years   | 8 First Name                             | First Name                                    |
| Include your married o   | Middle Name<br>r                         | Middle Name                                   |
| maiden names.  | Last Name                                | Last Name                                     |
| 6. Only the last 4 digits your Social Security                         | of xxx - xx - <u>7</u> <u>0</u> <u>6</u> | <u>7</u> xxx - xx                             |
| number or federal<br>Individual Taxpayer                               | OR                                       | OR  |
| Identification numbe   | 9xx - xx                                 | 9xx - xx                                      |

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| De | btor 1 Jane Moral Pasapo                                     | orte C   | Case number (if known)   |  |  |  |
|----|--|--|--|--|--|--|
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
| 4. | Any business names<br>and Employer<br>Identification Numbers | ✓ I have not used any business names or EINs   | I have not used any business names or EINs.  |  |  |  |
|    | (EIN) you have used in<br>the last 8 years                   | Business name  | Business name  |  |  |  |
|    | Include trade names and                                      | Business name  | Business name  |  |  |  |
|    | doing business as names                                      | Business name  | Business name  |  |  |  |
|    |  | EIN  | EIN — — — — — — — —  |  |  |  |
|    |  |  |  |  |  |  |
| 5. | Where you live   | <del></del>  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | 636 Pedersen Circle Number Street  | Number Street  |  |  |  |
|    |  |  |  |  |  |  |
|    |  | St. Paul MN 55119  |  |  |  |  |
|    |  | City State ZIP Code  | City State ZIP Code  |  |  |  |
|    |  | Ramsey<br>County   | County   |  |  |  |
|    |  | If your mailing address is different from  | If Debtor 2's mailing address is different   |  |  |  |
|    |  | the one above, fill it in here. Note that the court will send any notices to you at this mailing address.            | from yours, fill it in here. Note that the court will send any notices to you at this mailing address.               |  |  |  |
|    |  | Number Street  | Number Street  |  |  |  |
|    |  | P.O. Box   | P.O. Box   |  |  |  |
|    |  | City State ZIP Code  | City State ZIP Code  |  |  |  |
| 6. | Why you are choosing   | Check one:   | Check one:   |  |  |  |
|    | this district to file for<br>bankruptcy                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  |  |  |
|    |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
| Ŀ  | Part 2: Tell the Court A                                     | bout Your Bankruptcy Case  |  |  |  |  |
| 7. | The chapter of the   | · ·  | stice Required by 11 U.S.C. § 342(b) for Individuals Filing  |  |  |  |
|    | Bankruptcy Code you<br>are choosing to file                  | for Bankruptcy (Form 2010)). Also, go to the top of  | page 1 and check the appropriate box.  |  |  |  |
|    | under  | Chapter 7  |  |  |  |  |
|    |  | Chapter 11   |  |  |  |  |
|    |  | Chapter 12   |  |  |  |  |
|    |  | Chapter 13   |  |  |  |  |

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| Deb | tor 1             | Jane Moral Pasap                   | orte                    |                                     |  |   | Case numb                                     | er (if known)                                       |  |                       |
|-----|-------------------|------------------------------------|-------------------------|-------------------------------------|--|---|---|---|--|-----------------------|
| 8.  | How yo            | u will pay the fee                 |                         | court for pay with                  | r more details abo<br>n cash, cashier's o                | out how you may pa                            | y. Typically,<br>der. If your a               | if you are pay<br>attorney is sub                   | e clerk's office in you<br>ring the fee yourself,<br>mitting your payment<br>nted address.         | you may               |
|     |                   |                                    |                         |                                     |  | installments. If yo<br>ling Fee in Installme  |   |   | and attach the Applic  | ation for             |
|     |                   |                                    |                         | By law, a<br>than 150<br>fee in ins | a judge may, but 60% of the official nstallments). If yo | is not required to, v<br>poverty line that ap | vaive your fe<br>plies to your<br>n, you must | e, and may do<br>family size an<br>fill out the App | rou are filing for Cha<br>so only if your incon<br>d you are unable to p<br>lication to Have the 0 | ne is less<br>pay the |
| •   |                   | e you filed for                    | $\overline{\mathbf{Q}}$ | No                                  |  |   |   |   |  |                       |
|     | last 8 y          | ptcy within the<br>ears?           |                         | Yes.                                |  |   |   |   |  |                       |
|     |                   |                                    | Dist                    | ict                                 |  |   | When _  |   | Case number  |                       |
|     |                   |                                    | D:-4                    |                                     |  |   |   | IM / DD / YYYY                                      | 0  |                       |
|     |                   |                                    | Dist                    | ıct                                 |  |   | When _<br>M                                   | IM / DD / YYYY                                      | Case number  |                       |
|     |                   |                                    | Dist                    | rict                                |  |   | When _  | IM / DD / YYYY                                      | Case number  |                       |
| 10. | •                 | ny bankruptcy                      | $\overline{\checkmark}$ | No                                  |  |   |   | , 55, 1111  |  |                       |
|     | -                 | ending or being<br>a spouse who is |                         | Yes.                                |  |   |   |   |  |                       |
|     | not filin         | g this case with by a business     | Deb                     | tor                                 |  |   |   | Relationsh  | ip to you  |                       |
|     | •                 | , or by an                         | Dist                    |                                     |  |   |   |   | Case number,   |                       |
|     | affiliate         | ?                                  |                         |                                     |  |   |   | M / DD / YYYY                                       |  |                       |
|     |                   |                                    | Deb                     | tor                                 |  |   |   | Relationsh  | ip to you  |                       |
|     |                   |                                    | Dist                    | ict                                 |  |   | When  | IM / DD / YYYY                                      | Case number,if known   |                       |
| 11. | Do you<br>residen | rent your<br>ce?                   |                         |                                     | Go to line 12.<br>Has your landlord                      | obtained an evictio                           | n judgment a                                  | against you?  |  |                       |
|     |                   |                                    |                         | [                                   |  |   |   | ion Judgment  | Against You (Form 1  | 01A)                  |

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| Debtor 1 Jane Moral Pasa    |  | ane Moral Pasapo  | Case number (if known) |  |   |  |   |                             |  |
|-----------------------------|--|---|------------------------|--|---|--|---|-----------------------------|--|
| Pa                          | art 3:   | Report About Ar   | ıy Bı                  | usine  | sses You Own as a   | a Sole Proprieto   | r   |                             |  |
| 12.                         | -  | a sole proprietor<br>II- or part-time<br>?  |                        |  | Go to Part 4.<br>Name and location of b   | usiness  |   |                             |  |
| busine<br>individ<br>separa | business<br>individual   | oprietorship is a<br>you operate as an<br>, and is not a<br>legal entity such as                      |                        |  | Name of business, if any  Number Street   |  |   |                             |  |
|                             | a corpora  | tion, partnership, or   |                        |  |   |  |   |                             |  |
|                             | sole prop  | re more than one<br>rietorship, use a<br>sheet and attach it<br>tition.                               |                        |  | City  Check the appropriate   | box to describe you  | State r business:                           | ZIP Co                      | ode                                    |
|                             | to this petition.  |   |                        |  | Single Asset Real   | I Estate (as defined<br>lefined in 11 U.S.C.<br>er (as defined in 11 U | - ' ''                                      | 3))                         |  |
| 13.                         | Chapter Bankrupt are you a   | illing under<br>11 of the<br>ccy Code and<br>a <i>small busin</i> ess                                 | can                    | set ap                                       | filing under Chapter 11, opropriate deadlines. If yont balance sheet, statem of these documents do no | you indicate that you<br>nent of operations, ca                        | are a small business ash-flow statement, an | debtor, you<br>d federal ir | u must attach your<br>ncome tax return |
|                             | debtor?  | $\overline{\mathbf{V}}$   | No.                    | I am not filing under Cl                     | hapter 11.  |  |   |                             |  |
|                             | For a definition of small business debtor, see 11 U.S.C. § 101(51D). |   | No.                    | I am filing under Chapt the Bankruptcy Code. | ter 11, but I am NOT  | a small business debt  | tor accordii                                | ng to the definition in     |  |
|                             |  |   | Yes.                   | I am filing under Chapt<br>Bankruptcy Code.  | ter 11 and I am a sm  | all business debtor ac   | cording to                                  | the definition in the       |  |
| Pa                          | art 4:   | Report If You Ov  | vn o                   | r Hav  | e Any Hazardous F   | Property or Any  | Property That Ne                            | eds Imn                     | nediate Attention                      |
| 14.                         | property that p  | Do you own or have any property that poses or is alleged to pose a threat of mminent and identifiable |                        | No<br>Yes.                                   | What is the hazard?   |  |   |                             |  |
|                             | safety? (  | o public health or<br>Or do you own<br>erty that needs<br>te attention?                               |                        |  | If immediate attention i  | is needed, why is it r   | needed?                                     |                             |  |
|                             | perishabl<br>livestock   | ple, do you own<br>e goods, or<br>that must be fed, or<br>that needs urgent                           |                        |  | Where is the property?  | Number Street  |   |                             |  |
|                             |  |   |                        |  |   | City   |   | State                       | ZIP Code                               |

| Debtor 1 <b>J</b> | ane Moral Pasaporte | Case number (if known) |
|-------------------|---------------------|------------------------|
|-------------------|---------------------|------------------------|

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| credit counseling because of: |                                     |  |  |  |  |
|-------------------------------|-------------------------------------|--|--|--|--|
| ☐ Incapacity.                 | I have a mental illness or a mental |  |  |  |  |
|                               | deficiency that makes me            |  |  |  |  |

☐ I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 Jane Moral Pasapor |  | rte   | te Case number (if known) |  |                    |                 |        |  |        |  |
|-----------------------------|--|---|---------------------------|--|--------------------|-----------------|--------|--|--------|--|
| P                           | art 6:   | Answer These Q  | uesti                     | ions fo  | r Re               | porting Pu      | ırpos  | ses  |        |  |
| 16.                         | What ki<br>have?                                       | nd of debts do you  | 16a.                      | as "in   | curred<br>No. G    | •               | -      | sumer debts? Consumer de imarily for a personal, family,   |        | re defined in 11 U.S.C. § 101(8) usehold purpose."   |
|                             |  | 16b.  | mone;                     | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17. |                    |                 |        |  |        |  |
|                             |  |   | 16c.                      | State  | the ty             | pe of debts yo  | ou owe | e that are not consumer or bus   | siness | s debts.   |
| 17.                         | Are you<br>Chapte                                      | ı filing under<br>r 7?  |                           | No. I  | am n               | ot filing under | · Chap | ter 7. Go to line 18.  |        |  |
|                             | any exe<br>exclude<br>adminis<br>are paid<br>available | estimate that after empt property is ed and strative expenses d that funds will be le for distribution cured creditors? | V                         | a  | admin              | ū               | •      | •  | •      | xempt property is excluded and to distribute to unsecured creditors?   |
| 18.                         |  | any creditors do<br>imate that you  |                           | 1-49<br>50-99<br>100-199<br>200-999  |                    |                 |        | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |        | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.                         |  | uch do you<br>e your assets to<br>h?  |                           | \$0-\$50,<br>\$50,007<br>\$100,00<br>\$500,00  | 1-\$100<br>01-\$50 | 00,000          |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20.                         |  | uch do you<br>e your liabilities to   |                           | \$0-\$50,<br>\$50,007<br>\$100,00<br>\$500,00  | 1-\$100<br>01-\$50 | 00,000          |        | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |

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| Debtor 1 | Jane Moral Pasap | orte   | Case number (if known)   |   |  |  |  |  |
|----------|------------------|--|--|---|--|--|--|--|
| Part 7:  | Sign Below       |  |  |   |  |  |  |  |
| For you  |                  | I have examined this petition, and I dea and correct.  | clare under penalty of perjury that the information provided is true   | € |  |  |  |  |
|          |                  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |   |  |  |  |  |
|          |                  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |  |   |  |  |  |  |
|          |                  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |   |  |  |  |  |
|          |                  | S .  | t, concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 year 9, and 3571. |   |  |  |  |  |
|          |                  | X /s/ Jane Moral Pasaporte   | X  |   |  |  |  |  |
|          |                  | Jane Moral Pasaporte, Debtor 1   | Signature of Debtor 2  |   |  |  |  |  |
|          |                  | Executed on <u>03/25/2019</u> MM / DD / YYYY   | Executed on MM / DD / YYYY   |   |  |  |  |  |

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| Debtor 1 Jane Moral Pasap   | porte  | Case number (if know   | n)                           |
|---|--|--|------------------------------|
| For your attorney, if you are represented by one f you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named in t<br>eligibility to proceed under Chapter 7, 11,<br>relief available under each chapter for whi<br>the debtor(s) the notice required by 11 U.S<br>certify that I have no knowledge after an in<br>is incorrect. | tates Code, and have explained the so certify that I have delivered to n which § 707(b)(4)(D) applies, |                              |
|   | X /s/ Andrew C. Walker Signature of Attorney for Debtor  | Date   | 03/25/2019<br>MM / DD / YYYY |
|   | Andrew C. Walker Printed name  |  |                              |
|   | Walker & Walker Law Offices, PL<br>Firm Name<br>4356 Nicollet Ave So   | LLC  |                              |
|   | Number Street  |  |                              |
|   | Minneapolis  | MN   | 55409                        |
|   | City   | State  | ZIP Code                     |
|   | Contact phone (612) 824-4357   | Email address  |                              |
|   | 0392525<br>Bar number  | State  | _                            |

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| Fill in this in   | nformation to id  | lentify your case   | and this filing:  |   |                                  |
|---|---|---|---|---|----------------------------------|
| Debtor 1  | Jane  | Moral   | Pasaporte   |   |                                  |
|   | First Name  | Middle Name   | Last Name   |   |                                  |
| Debtor 2<br>(Spouse, if filin   | g) First Name   | Middle Name   | Last Name   |   |                                  |
| United States E   | Bankruptcy Court for  | the: <b>DISTRICT OF</b>   | MINNESOTA   |   |                                  |
| Case number   |   |   |   | ☐ Chack   | if this is an                    |
| (if known)  |   |   |   | <b>-</b>  | led filing                       |
| 0000  | 4.00 A /D   |   |   |   |                                  |
| Official For  |   | _   |   |   | 4045                             |
| Schedule /  | A/B: Property   |   |   |   | 12/15                            |
| filing together, I sheet to this for Part 1: D  | both are equally red<br>rm. On the top of a<br>Describe Each R<br>n or have any legal | sponsible for supply<br>ny additional pages,<br>esidence, Buildii | ie as complete and accurate a<br>ing correct information. If mo<br>write your name and case nu<br>ng, Land, or Other Real E<br>in any residence, building, la | re space is needed, attach a mber (if known). Answer eve  | separate<br>ry question.         |
| ш   | o to Part 2. Where is the property  | y?  |   |   |                                  |
| 1.1.  Homestad located at:  Street address, if available, or other description  636 Pedersen Circle                                       |   | tion Check all  ☑ Single  | ne property?<br>that apply.<br>e-family home<br>ex or multi-unit building   | Do not deduct secured clai<br>amount of any secured clai<br>Creditors Who Have Claim<br>Current value of the                | ims on <i>Schedule D:</i>        |
| St. Paul  | MN 55   | <b></b>   | ominium or cooperative factured or mobile home  | entire property?<br>\$210,000.00  | portion you own?<br>\$210,000.00 |
| Ramsey County   | City State ZIP Code   |   | tment property<br>share   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |                                  |
|   |   | Who has   | an interest in the property?  | Owner   |                                  |
| Legally described as follows: Lot 5, Block 1, Lou Sauer's Addtion REGISTERED PROPERTY.  Value based upon realtor recommendation for sale. |   | ltion  ☑ Debto ☐ Debto ☐ Debto                                    | Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  |   | nunity property                  |
|   |   |   | ormation you wish to add abo  | ut this item, such as local   | _                                |
|   |   |   | of your entries from Part 1, in ite that number here  |   | \$210,000.00                     |
| Part 2: D   | escribe Your V  | ehicles   |   |   |                                  |
| -   | -   | •   | n any vehicles, whether they a also report it on Schedule G: Ex   | _   | -                                |
| 3. Cars, vans,  | , trucks, tractors, s   | port utility vehicles,  | motorcycles   |   |                                  |
| □ No<br>☑ Yes   |   |   |   |   |                                  |

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| Debt                | tor 1 Jane  | Moral Pasaporte  | Ca   | se number (if known)      |   |
|---------------------|---|--|--|---------------------------|---|
| Othe<br>200<br>mile | el: r: roximate mileager information: 1 Dodge Straes) DA value as c | tus (approx. 200,000 of 3-2019.  | Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)  s and other recreational vehicles, other vel |                           | ims on Schedule D:  |
|                     |   |  | , nal watercraft, fishing vessels, snowmobiles, r  |                           |   |
| 5.                  |   |  | own for all of your entries from Part 2, incl<br>r Part 2. Write that number here  |                           | \$241.00  |
| Pa                  | art 3: Des  | scribe Your Personal   | and Household Items  | •                         |   |
| Do y                | you own or hav  | <i>r</i> e any legal or equitable i  | nterest in any of the following items?   |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.                  | Examples: Ma  | oods and furnishings<br>ajor appliances, furniture, lin<br>cribe Usual Househo<br>Snowblower \$2 | old Goods including furniture, persona   | l items, kitchenware      | \$1,210.00  |
|                     |   | Push Mower \$1   |  |                           |   |
| 7.                  | No  | isic collections; electronic o   | , video, stereo, and digital equipment; computevices including cell phones, cameras, media   |                           |   |
|                     | Yes. Desc   | Television \$50 4 year old Com Printer \$10  |  |                           | \$260.00  |
| 8.                  | •   | tiques and figurines; paintii<br>imp, coin, or baseball card                                     | ngs, prints, or other artwork; books, pictures, ocollections; other collections, memorabilia, co   | •                         |   |
| 9.                  | Equipment fo Examples: Sp   | r sports and hobbies<br>orts, photographic, exercise   | e, and other hobby equipment; bicycles, pool tools; musical instruments  | tables, golf clubs, skis; |   |
|                     | Yes. Desc   | cribe  |  |                           |   |
| 10.                 | Firearms  Examples: Pis  ✓ No  ☐ Yes. Desc                          | -  | unition, and related equipment   |                           |   |

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| Deb | tor 1   | Jane Moral Pasaporte                       | Case number (if known)   |   |  |  |  |
|-----|---|--|--|---|--|--|--|
| 11. | •   |  | eather coats, designer wear, shoes, accessories                                      |   |  |  |  |
|     | □ No ✓ Yes  | . Describe Usual Cloth                     | ning.  | \$50.00   |  |  |  |
| 12. | <b>Jewelry</b><br>Example   |  | ne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,        |   |  |  |  |
|     | □ No<br>▼ Yes   | . Describe Costume J                       | ewelry   | \$50.00   |  |  |  |
| 13. |   | m animals<br>es: Dogs, cats, birds, horses |  |   |  |  |  |
|     | ✓ No<br>☐ Yes   | . Describe                                 |  |   |  |  |  |
| 14. | Any oth   | •  | items you did not already list, including any health aids you                        |   |  |  |  |
|     | _   | . Give specific rmation                    |  |   |  |  |  |
| 15. |   | _  | entries from Part 3, including any entries for pages you have                        | \$1,570.00  |  |  |  |
| Pa  | art 4:  | Describe Your Finan                        | <b>'</b>   |   |  |  |  |
|     |   |  | ble interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |  |
| 16. | Cash<br>Example   | es: Money you have in your v               | wallet, in your home, in a safe deposit box, and on hand when you file your          |   |  |  |  |
|     | □ No ☑ Yes  |  | Cash:  | \$0.00  |  |  |  |
| 17. | 7. Deposits of money  Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. |  |  |   |  |  |  |
|     | □ No ☑ Yes  |  | Institution name:  |   |  |  |  |
|     | 17.   | Checking account:                          | Checking account with TCF 3791   | \$27.02   |  |  |  |
|     | 17.   | 2. Savings account:                        | Savings account with TCF 1014  | \$5.01  |  |  |  |
| 18. | Example No  |  | raded stocks accounts with brokerage firms, money market accounts on or issuer name: |   |  |  |  |

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| Deb | tor 1 Jane Moral Pa   | saporte   |   | Case number (if known)                     |  |  |
|-----|---|---|---|--|--|--|
| 19. | •   | raded stock and interests in incorporated and unincorporated businesses, including an LLC, partnership, and joint venture |   |  |  |  |
|     | No     Yes. Give specific information about them                        |   | venture   | % of ownership:                            |  |  |
| 20. | Negotiable instruments in   | clude personal check  | r negotiable and non-negotiable insks, cashiers' checks, promissory note not transfer to someone by signing o | es, and money orders.                      |  |  |
|     | ✓ No  Yes. Give specific information about them                         | Issuer name:  |   |  |  |  |
| 21. | Retirement or pension a<br>Examples: Interests in IR<br>profit-sharing  | A, ERISA, Keogh, 40   | 01(k), 403(b), thrift savings accounts,   | or other pension or                        |  |  |
|     | No ☐ Yes. List each account separately.                                 | Type of account:  | Institution name:   |  |  |  |
| 22. |   | deposits you have ma  | ade so that you may continue service<br>d rent, public utilities (electric, gas, w                            |  |  |  |
|     | ✓ No ☐ Yes  |   | Institution name or individual:   |  |  |  |
| 23. | Annuities (A contract for No Yes  |   | payment of money to you, either for lift  | e or for a number of years)                |  |  |
| 24. | _   | n IRA, in an account  | t in a qualified ABLE program, or u   | nder a qualified state tuition program.    |  |  |
|     | ✓ No ☐ Yes  | Institution name a  | and description. Separately file the re   | cords of any interests. 11 U.S.C. § 521(c) |  |  |
| 25. | powers exercisable for  |   | erty (other than anything listed in I   | ine 1), and rights or                      |  |  |
|     | ✓ No  Yes. Give specific information about the                          | m   |   |  |  |  |
| 26. |   |   | rets, and other intellectual property proceeds from royalties and licensing                                   |  |  |  |
|     | <ul><li>✓ No</li><li>Yes. Give specific information about the</li></ul> | m   |   |  |  |  |
| 27. | <b>☑</b> No   | -   | angibles s, cooperative association holdings,   | liquor licenses, professional licenses     |  |  |
|     | Yes. Give specific information about the                                | m   |   |  |  |  |

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| Deb | otor 1 Jane Moral Pasaporte   |  | Case number (if known) _   |   |
|-----|---|--|----------------------------|---|
| Moi | ney or property owed to you?  |  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you   |  |                            |   |
|     | <ul><li>No</li><li>✓ Yes. Give specific information about them, including whether</li></ul> |  | -                          | Federal: \$0.00<br>State: \$1,334.00  |
|     | you already filed the returns and the tax years   | ·· State: 2018 State Tax Refund not anticip  | -(I A( #0.00               | State: \$1,334.00<br>Local: \$0.00  |
|     |   |  |                            |   |
|     |   | State: 2018 Homeowner's Refund. Amt:   | \$1,000.00                 |   |
|     |   | State: Possible ProRated 2019 Tax Refu   | nd. Amt: \$334.00          |   |
| 29. | Family support  Examples: Past due or lump sum  | alimony, spousal support, child support, maintenar   | nce, divorce settlement, p | property settlement   |
|     | <b>☑</b> No   |  |                            |   |
|     | Yes. Give specific information  | 1  | Alimony:                   |   |
|     |   |  | Maintenance                | <u> </u>  |
|     |   |  | Support:                   |   |
|     |   |  | Divorce settl              |   |
|     |   |  | Property set               | liement   |
| 30. | compensation, Social  | ty insurance payments, disability benefits, sick pay<br>Security benefits; unpaid loans you made to some         |                            |   |
|     | <ul><li>No</li><li>✓ Yes. Give specific information</li></ul>                               | Accounts Receivable for Self Employme not owed any funds.  | nt. Debtor is on call a    | and \$0.00  |
| 31. | Interests in insurance policies  Examples: Health, disability, or life                      | e insurance; health savings account (HSA); credit,   | homeowner's, or renter's   | insurance   |
|     | ✓ No  Yes. Name the insurance company of each policy and list its value                     | Company name: Ben  | eficiary:                  | Surrender or refund value:  |
| 32. |   | lue you from someone who has died<br>g trust, expect proceeds from a life insurance polic<br>se someone has died | y, or are currently        |   |
|     | <ul><li>✓ No</li><li>☐ Yes. Give specific information</li></ul>                             | า  |                            |   |
| 33. |   | ether or not you have filed a lawsuit or made a out disputes, insurance claims, or rights to sue                 | demand for payment         |   |
|     | ✓ No ☐ Yes. Describe each claim   |  |                            |   |
| 34. | Other contingent and unliquidate rights to set off claims                                   | ed claims of every nature, including counterclai   | ms of the debtor and       |   |
|     | ✓ No ☐ Yes. Describe each claim   |  |                            |   |

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| Deb        | tor 1         | Jane Moral Pasaporte   | Case number (if known)               |                                       |
|------------|---------------|--|--------------------------------------|---------------------------------------|
| 35.        | Any fina      | ancial assets you did not already list   |                                      |                                       |
|            | <b>⋈</b> No   |  |                                      |                                       |
|            | ب ن           | Give specific information  |                                      |                                       |
| 36.        |               | dollar value of all of your entries from Part 4, including any erd for Part 4. Write that number here                                  |                                      | \$1,366.03                            |
| Pa         | art 5:        | Describe Any Business-Related Property You Own   | or Have an Interest In. List any     | real estate in Part 1.                |
|            |               |  | -                                    |                                       |
| 31.        | •             | own or have any legal or equitable interest in any business-re   | rated property?                      |                                       |
|            |               | Go to Part 6. Go to line 38.   |                                      |                                       |
|            |               | . Go to line so.   |                                      |                                       |
|            |               |  |                                      | Current value of the portion you own? |
|            |               |  |                                      | Do not deduct secured                 |
| 20         | A             | to vessivable or commissions very already served   |                                      | claims or exemptions.                 |
| აი.        | Accoun        | ts receivable or commissions you already earned  |                                      |                                       |
|            | ✓ No<br>☐ Yes | Describe   |                                      |                                       |
| 20         | _             |  |                                      |                                       |
| <b>39.</b> |               | quipment, furnishings, and supplieses: Business-related computers, software, modems, printers, copie desks, chairs, electronic devices | ers, fax machines, rugs, telephones, |                                       |
|            | <b>☑</b> No   |  |                                      |                                       |
|            | ☐ Yes         | Describe   |                                      |                                       |
| 40.        | Machin        | ery, fixtures, equipment, supplies you use in business, and too  | ols of your trade                    |                                       |
|            | <b>☑</b> No   |  |                                      |                                       |
|            | ☐ Yes         | Describe   |                                      |                                       |
| 41.        | Invento       | ту   |                                      |                                       |
|            | <b>☑</b> No   |  |                                      |                                       |
|            | ☐ Yes         | Describe   |                                      |                                       |
| 42.        | Interest      | s in partnerships or joint ventures  |                                      |                                       |
|            | <b>☑</b> No   |  |                                      |                                       |
|            | ☐ Yes         | Describe Name of entity:   | % of ownership:                      |                                       |
| 43.        | Custom        | er lists, mailing lists, or other compilations   |                                      |                                       |
|            | ✓ No<br>☐ Yes | Do your lists include personally identifiable information (as ☐ No   | defined in 11 U.S.C. § 101(41A))?    |                                       |
|            |               | ☐ No☐ Yes. Describe  |                                      |                                       |
| 44.        | Any bu        | siness-related property you did not already list   |                                      |                                       |
|            | <b>☑</b> No   |  |                                      |                                       |
|            | Yes           | Give specific information.   |                                      |                                       |
| 45.        |               | dollar value of all of your entries from Part 5, including any er  |                                      | \$0.00                                |

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| Debtor 1 |              | Jane Moral Pasaporte   | Case number (if known)  |  |  |
|----------|--------------|--|---|--|--|
| Pa       | art 6:       | Describe Any Farm- and Commercial Fishing-Related Prop<br>If you own or have an interest in farmland, list it in Part 1. | perty You Own or Have an Interest In.   |  |  |
| 46.      | Do you       | u own or have any legal or equitable interest in any farm- or commercial f   | fishing-related property?   |  |  |
|          |              | o. Go to Part 7. s. Go to line 47.   |   |  |  |
|          |              |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |
| 47.      | Farm a       | animals<br>oles: Livestock, poultry, farm-raised fish  |   |  |  |
|          | ✓ No         |  |   |  |  |
| 48.      | Crops-       | either growing or harvested  |   |  |  |
|          |              | s. Give specific ormation  |   |  |  |
| 49.      | Farm a       | and fishing equipment, implements, machinery, fixtures, and tools of trad  | de  |  |  |
|          | ✓ No         |  |   |  |  |
| 50.      | Farm a       | and fishing supplies, chemicals, and feed  |   |  |  |
|          | ✓ No         |  |   |  |  |
| 51.      | Any fa       | rm- and commercial fishing-related property you did not already list   |   |  |  |
|          |              | s. Give specific ormation  |   |  |  |
| 52.      |              | ed dollar value of all of your entries from Part 6, including any entries for ed for Part 6. Write that number here      |   |  |  |
| P        | art 7:       | Describe All Property You Own or Have an Interest in That  | You Did Not List Above  |  |  |
| 53.      | •            | u have other property of any kind you did not already list?  oles: Season tickets, country club membership               |   |  |  |
|          | ✓ No<br>☐ Ye | s. Give specific information.  |   |  |  |
| 54.      | Add th       | e dollar value of all of your entries from Part 7. Write that number here  | <b>→</b> \$0.00   |  |  |

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| Debtor 1   | Jane Moral Pasaporte                                   | Case no    | umber (if known)                |              |
|------------|--|------------|---------------------------------|--------------|
| Part 8:    | List the Totals of Each Part of this Form              |            |                                 |              |
| 55. Part 1 | l: Total real estate, line 2                           |            | <b>→</b> _                      | \$210,000.00 |
| 56. Part 2 | 2: Total vehicles, line 5                              | \$241.00   |                                 |              |
| 57. Part 3 | 3: Total personal and household items, line 15         | \$1,570.00 |                                 |              |
| 58. Part 4 | I: Total financial assets, line 36                     | \$1,366.03 |                                 |              |
| 59. Part 5 | 5: Total business-related property, line 45            | \$0.00     |                                 |              |
| 60. Part 6 | 6: Total farm- and fishing-related property, line 52   | \$0.00     |                                 |              |
| 61. Part 7 | 7: Total other property not listed, line 54            | +\$0.00    |                                 |              |
| 62. Total  | personal property. Add lines 56 through 61             | \$3,177.03 | Copy personal property total +_ | \$3,177.03   |
| 63. Total  | of all property on Schedule A/B. Add line 55 + line 62 |            | _                               | \$213,177.03 |

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| Debtor 1   | <u>Jane</u>  | Moral   | Pasaport   | е                             |  |  |
|--|--|---|--|-------------------------------|--|--|
| Debtor 2   | First Name   | Middle Nam  | e Last Name  |                               |  |  |
| (Spouse, if filing)  | First Name   | Middle Nam  | e Last Name  |                               |  |  |
| United States Ba   | nkruptcy Court fo  | r the: <b>DISTRIC</b>   | T OF MINNESOTA   |                               |  | ☐ Check if this is an  |
| Case number (if known)   |  |   |  |                               |  | amended filing   |
| Official Form  | 106C   |   |  |                               |  |  |
| Schedule C   | : The Prope  | erty You Cl   | laim as Exemp  | ot                            |  | 04/1   |
| Jsing the property   | you listed on <i>Sci</i><br>ill out and attach                                 | <i>hedule A/B: Prop</i><br>to this page as m                                  | perty (Official Form 106   | 6A/B)                         | as your source, list the   | esponsible for supplying correct information e property that you claim as exempt. If more ssary. On the top of any additional pages,                               |
| s to state a speci<br>exempted up to the<br>eceive certain be<br>exemption of 100° | fic dollar amoun<br>ne amount of any<br>enefits, and tax-e<br>% of fair market | nt as exempt. Al<br>y applicable state<br>exempt retireme<br>value under a la | Iternatively, you may<br>tutory limit. Some ex<br>ent fundsmay be unli | clair<br>emp<br>imite<br>mpti | n the full fair market vitionssuch as those d in dollar amount. Fon to a particular doll | you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount. |
| Part 1: Ide  | entify the Pro   | perty You Cla   | aim as Exempt  |                               |  |  |
| . Which set of   | exemptions are   | you claiming?   | Check one only, (  | even                          | if your spouse is filing   | with you.  |
| You are  | claiming state an  | d federal nonbar  | nkruptcy exemptions. U.S.C. § 522(b)(2)                                | 11 U.                         | S.C. § 522(b)(3)   | ·  |
| _  | -  |   | nat you claim as exen  | npt. f                        | ill in the information   | below.   |
| Brief description of Schedule A/B that   | of the property a  | and line on   | Current value of the portion you own                                   | Am                            | ount of the<br>mption you claim  | Specific laws that allow exemption   |
|  |  |   | Copy the value from Schedule A/B                                       |                               | eck only one box for<br>h exemption  |  |
| Brief description:   |  |   | \$210,000.00   | $\overline{\mathbf{A}}$       | \$93,866.00  | Minn. Stat. §§ 510.01, 510.02,   |
| Homestad locat   | ed as follows:   | dtion   |  |                               | 100% of fair market value, up to any applicable statutory                                | 510.07   |
| Legally describe<br>Lot 5, Block 1, L<br>REGISTERED P                              | ROPERTY.   |   |  |                               | limit  |  |
| _egally describe<br>_ot 5, Block 1, L  |  |   |  |                               | limit  |  |

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| Debtor 1  | Jane Moral Pasaporte   |  |  | Case numbe   | r (if known)                       |
|---|--|--|--|--|------------------------------------|
| Part 2:   | Additional Page  |  |  |  |                                    |
|   | ription of the property and line on A/B that lists this property | Current value of<br>the portion you<br>own |  | ount of the<br>mption you claim  | Specific laws that allow exemption |
|   |  | Copy the value from Schedule A/B           |  | eck only one box for<br>h exemption  |                                    |
| Brief description:  2001 Dodge Stratus (approx. 200,000 miles)  NADA value as of 3-2019.  Line from Schedule A/B: 3.1 |  | \$241.00                                   |  | \$241.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | Minn. Stat. § 550.37(12)(a)        |
| furniture,<br>Snowblov<br>Push Mov  | usehold Goods including personal items, kitchenware wer \$200    | <u>\$1,210.00</u>                          |  | \$1,210.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | Minn. Stat. § 550.37(4)(b)         |
| Television 4 year old Printer \$1   | g Galaxy 5 Cell Phone \$50<br>n \$50<br>d Computer \$150         | \$260.00                                   |  | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | Minn. Stat. § 550.37(4)(b)         |
| Brief descri  | •  | \$50.00                                    |  | \$50.00<br>100% of fair market   | Minn. Stat. § 550.37(4)(a)         |
| Line from S   | Schedule A/B: 11   |  |  | value, up to any applicable statutory limit  |                                    |

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|   | _                                    | dentify your case:                                   | _  |   |  |                   |
|---|--------------------------------------|--|--|---|--|-------------------|
| Debtor 1  | Jane<br>First Name                   | Moral<br>Middle Name                                 | Pasaporte<br>Last Name                             | <del></del>   |  |                   |
| Debtor 2<br>(Spouse, if filing)   | First Name                           | Middle Name  | Last Name  |   |  |                   |
|   |                                      |  |  |   |  |                   |
| United States Bar   | nkruptcy Court for                   | the: <b>DISTRICT OF I</b>                            | MINNESOTA  |   |  |                   |
| Case number (if known)  |                                      |  |  |   | Check if this is amended filing        |                   |
| Official Form   | 106D                                 |  |  |   |  |                   |
|   |                                      | Who Have Cla   | ims Secured b                                      | v Property  |  | 12/15             |
|   |                                      |  |  |   |  |                   |
| correct informatio<br>On the top of any   | n. If more space<br>additional pages | e is needed, copy the<br>s, write your name and      | Additional Page, fill i<br>d case number (if kno   | gether, both are equall<br>t out, number the entri<br>own). |  |                   |
| -   |                                      | secured by your prop                                 | •  | hedules. You have noth                                      | sing else to report on the             | is form           |
|   | in all of the inforr                 |  | ourt with your other so                            | nedules. Tod have not                                       | ing cise to report on the              | 13 101111.        |
| Part 1: Lis   | t All Secured                        | Claims   |  |   |  |                   |
| 2. List all secure  | ad claims If a c                     | editor has more than c                               | nne secured  |   |  |                   |
| claim, list the   | creditor separatel                   | y for each claim. If mo                              | re than one  | Column A  | Column B                               | Column C          |
|   |                                      | ist the other creditors i<br>s in alphabetical order |  | Amount of claim  Do not deduct the                          | Value of collateral that supports this | Unsecured portion |
| creditor's nam  |                                      |  | <b>3</b> · · · ·                                   | value of collateral   | claim                                  | If any            |
| 2.1   |                                      | Describe the secures the                             | property that claim:                               | \$116,134.00  | \$210,000.00                           |                   |
| Seterus Inc. Creditor's name  |                                      | ——— Homestad I                                       | ocated at:   |   |  |                   |
| Attn: Bankruptc   | y Department                         |  |  |   |  |                   |
| Number Street PO Box 1047   |                                      |  |  |   |  |                   |
|   |                                      | As of the dat  | e you file, the claim is                           | s: Check all that apply.                                    |  |                   |
| Hartford  | CT 06143-                            | —— ☐ Continger  1047 ☐ Unliquida                     |  |   |  |                   |
| City  | State ZIP Code                       |  | ieu  |   |  |                   |
| Who owes the deb  | ot? Check one.                       | Nature of lier                                       | n. Check all that apply                            | <i>/</i> .  |  |                   |
| Debtor 1 only  An agreement you made (such as mortgage or secured car loan)  Debtor 2 only  Statutery lies (such as tay lies machanical lies) |                                      |  |  |   |  |                   |
| Debtor 2 only  Debtor 1 and D   | ebtor 2 only                         |  | lien (such as tax lien,                            | mechanic's lien)  |  |                   |
| At least one of   | the debtors and a                    | nother -   | t lien from a lawsuit<br>cluding a right to offset | )   |  |                   |
| Check if this c   |                                      | 1st more   |  | ,   |  |                   |
| Date debt was inc   | urred                                | Last 4 digits  | of account number                                  |   |  |                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$116,134.00

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| Debtor 1   | Jane Moral Pasaporte  |   | Case number (if known)   |   |                                   |  |  |
|--|---|---|--|---|-----------------------------------|--|--|
| Part 1:  | Additional Page After listing any entries on sequentially from the previous |   | Column A  Amount of claim  Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |  |  |
| Minneapol City Debtor 1 Debtor 2 Debtor 1 At least | is MN 55409 State ZIP Code he debt? Check one. only                         | Describe the property that secures the claim: Homestead  As of the date you file, the claim is: Contingent Unliquidated Disputed  Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, modulus judgment lien from a lawsuit) Unter (including a right to offset) Legal Fees | s mortgage or secured  | \$0.00  | \$1,995.00                        |  |  |
| _  | nmunity debt  | •   |  |   |                                   |  |  |
| Date debt w  | as incurred   | Last 4 digits of account number   |  |   |                                   |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,995.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$118,129.00

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| Debtor 1                   | Jane Moral Pasaporte   |                         |                                    | Case number (if known)   |     |
|----------------------------|--|-------------------------|------------------------------------|--|-----|
| Part 2:                    | List Others to Be Notified   | d for a l               | Debt That Yoເ                      | ı Already Listed   |     |
| example, i<br>then list th | f a collection agency is trying to co<br>ne collection agency here. Similarl<br>ditional creditors here. If you do n | ollect fro<br>y, if you | m you for a debt<br>have more than | uptcy for a debt that you already listed in Part 1. For you owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, is to be notified for any debts in Part 1, do not fill out or |     |
| Na<br><b>89</b>            | Mr. Cooper Name 8950 Cypress Waters Blvd Number Street   |                         |                                    | On which line in Part 1 did you enter the creditor?  Last 4 digits of account number   | 2.1 |
| Co<br>City                 | oppell<br>y  | TX<br>State             | <b>75019</b> ZIP Code              | <u> </u>   |     |

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| Fill in this inf  | ormation to i   | dontify your o  |   |   |  |  |
|---|---|---|---|---|--|--|
| FIII III UIIS IIII  | ormation to i   | dentify your c  | d5e.  |   |  |  |
| Debtor 1  | Jane<br>First Name  | Moral<br>Middle Name  | Pasaporte  Last Name  |   |  |  |
|   | riistivaille  | Middle Name   | Last Name   |   |  |  |
| Debtor 2  | First Name  | Middle Nesse  | Local Name  |   |  |  |
| (Spouse, if filing)   | First Name  | Middle Name   | Last Name   |   |  |  |
| United States Bar   | nkruptcy Court fo   | or the: <b>DISTRICT</b>   | OF MINNESOTA  |   |  |  |
| Case number   |   |   |   |   | Check if this                          | is an                                  |
| (if known)  |   |   |   | _   | amended filin                          |  |
| Official Form   | 106E/F  |   |   |   |  |  |
| Schedule E/   | F: Credito  | rs Who Have   | e Unsecured Claims  |   |  | 12/15                                  |
| on Schedule A/B: Do not include any If more space is n to this page. On t | Property (Officing creditors with eeded, copy the hetop of any ac                   | al Form 106A/B) a<br>partially secured<br>Part you need, fi<br>Iditional pages, w | acts or unexpired leases that cou<br>and on Schedule G: Executory Co<br>I claims that are listed in Schedule<br>ill it out, number the entries in the<br>rrite your name and case number<br>secured Claims  | ntracts and Unexpire D: Creditors Who I boxes on the left. A                | ed Leases (Offic<br>Hold Claims Sec    | cial Form 106G).<br>cured by Property. |
|   |   | y unsecured clair   |   |   |  |  |
|   | •   | y unsecured cian  | ns against you!   |   |  |  |
| ✓ No. Go t  | 0 Paπ 2.  |   |   |   |  |  |
| Yes.  |   |   |   |   |  |  |
| claim. For each show both price more space is claim, list the             | ch claim listed, ic<br>prity and nonprior<br>needed for prior<br>other creditors in | dentify what type of<br>rity amounts. As m<br>rity unsecured clair<br>Part 3.     | creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of e instructions for this form in the instructions | rity and nonpriority am<br>Iphabetical order acco<br>Part 1. If more than o | nounts, list that coording to the cree | laim here and ditor's name. If         |
| (i oi aii explai  | iditori or edori ty   | oc or oldini, occ the   |   | Total claim   | Priority                               | Nonpriority                            |
|   |   |   |   |   | amount                                 | amount                                 |
| 2.1   |   |   |   |   |  |  |
|   |   |   |   |   |  |  |
| Priority Creditor's Nam   | e   |   | Last 4 digits of account number   |   |  |  |
| Number Street   |   |   | When was the debt incurred?   |   | _                                      |  |
| Trumber Officer   |   |   | As of the date you file, the claim  | is: Chack all that an   | nlv                                    |  |
|   |   |   | Contingent  | is. Officer all trial ap  | piy.                                   |  |
|   |   |   | Unliquidated  |   |  |  |
| City  | State   | ZIP Code  | Disputed  |   |  |  |
| Who incurred the  |   |   | Type of PRIORITY unsecured cla  | aim·  |  |  |
| ☐ Debtor 1 only   | uobi: Oncon   | 0110.   | Domestic support obligations  | AIIII.  |  |  |
| Debtor 2 only   |   |   | Taxes and certain other debts   | vou owe the governm   | nent                                   |  |
| Debtor 1 and D  | •   |   | Claims for death or personal in   |   |  |  |
| ш   | the debtors and   |   | intoxicated   |   |  |  |
|   | claim is for a co   | mmunity debt  | Other. Specify  |   |  |  |
| Is the claim subject  | ct to offset?   |   |   |   |  |  |
| □ No<br>□ Yes   |   |   |   |   |  |  |

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| Debtor 1   | Jane Moral Pasaporte  | Case number (if known)   |                 |
|--|---|--|-----------------|
| Part 2:  | List All of Your NONPRIORIT   | Y Unsecured Claims   |                 |
| 4. List all  | es  I of your nonpriority unsecured claims ditor has more than one nonpriority unse claim it is. Do not list claims already inc | In the alphabetical order of the creditor who holds each claim.  Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim.  Sucured claim, list the creditor separately for each claim. For each claim listed eluded in Part 1. If more than one creditor holds a particular claim, list the other unsecured claims, fill out the Continuation Page of Part 2. |                 |
| 4.1  |   |  | Total claim     |
| Absolute F<br>Nonpriority Cre<br>8000 Norn           | Resolutions Corp LLC editor's Name nan Center Drive #350 Street   | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   | <u>\$817.38</u> |
| Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 3 Check i | State ZIP Code ed the debt? Check one. 1 only   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Judgment  |                 |
| 4.2  Capital Or  Nonpriority Cr.  PO Box 64          |   | Last 4 digits of account number 0 2 3 4  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  | \$2,251.00      |
| Debtor 2 Debtor 2 Debtor 3 Debtor 4 Check i          | State ZIP Code ed the debt? Check one. 1 only   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card  |                 |

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| Debtor 1 Jane Moral Pasaporte                                     | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.3   |   | \$1,077.00  |
| Citi Cards  | Last 4 digits of account number 8 7 8 2   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| PO Box 78045<br>Number Street                                     | As of the date you file, the claim is: Check all that apply.  |             |
|   | _   |             |
|   | Unliquidated  |             |
| Phoenix AZ 85062-8045   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                       | ✓ Other. Specify  Consumer debt   |             |
| Is the claim subject to offset?                                   | Consumer dest   |             |
| ✓ No  |   |             |
| Yes   |   |             |
|   |   |             |
| 4.4   |   | \$3,244.00  |
| City & County Credit Union Visa  Nonpriority Creditor's Name      | Last 4 digits of account number0006_  |             |
| Customer Service  | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 31112  | _ Contingent  |             |
|   | ☐ Unliquidated ☐ Disputed   |             |
| Tampa FL 33631-3112   |   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                  | ☐ Student loans   |             |
| Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Consumer debt   |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No  |   |             |
| Yes   |   |             |
| 4.5   |   | \$858.00    |
| Credit First National Assoc                                       | Last 4 digits of account number   | Ψοσοίσο     |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| PO Box 81315<br>Number Street                                     | As of the date you file, the claim is: Check all that apply.  |             |
| Cleveland OH 44181 0315   | _ ☐ Contingent  |             |
|   | Unliquidated  |             |
|   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  Consumer debt   |             |
| Is the claim subject to offset?                                   | Conduitor door  |             |
| No No   |   |             |
| Yes   |   |             |

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| Debtor 1 Jane Moral Pasaporte  | Case number (if known)  |                 |
|--|---|-----------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |                 |
| After listing any entries on this page, number the previous page.                | em sequentially from the  | Total claim     |
| 4.6  |   | \$800.00        |
| Firestone/Credit First NA  | Last 4 digits of account number   |                 |
| Nonpriority Creditor's Name BK-16 Credit Operations                              | When was the debt incurred?   |                 |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |                 |
| PO Box 81410   | Contingent  |                 |
|  | ☐ Unliquidated ☐ Disputed   |                 |
| Cleveland         OH         44181           City         State         ZIP Code | ·<br>   |                 |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  Student loans   |                 |
| Debtor 1 only  | ☐ Obligations arising out of a separation agreement or divorce  |                 |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims  |                 |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |                 |
| Check if this claim is for a community debt                                      | ✓ Other. Specify  Consumer debt   |                 |
| Is the claim subject to offset?  |   |                 |
| ☑ No ☐ Yes   |   |                 |
| 4.7  |   | \$155.00        |
| Home Depot Credit Services   | Last 4 digits of account number   | <b>\$155.00</b> |
| Nonpriority Creditor's Name  | When was the debt incurred?   |                 |
| P O Box 790328  Number Street  | As of the date you file, the claim is: Check all that apply.  |                 |
|  | _ Contingent  |                 |
|  | Unliquidated  |                 |
| St. Louis MO 63179   | Disputed  |                 |
| City State ZIP Code Who incurred the debt? Check one.                            | Type of NONPRIORITY unsecured claim:  |                 |
| Debtor 1 only  | Student loans  Obligations origing out of a constration agreement or diverse  |                 |
| Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |                 |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another              | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                 |
| Check if this claim is for a community debt                                      |   |                 |
| Is the claim subject to offset?  | Consumer debt   |                 |
| ☑ No   |   |                 |
| Yes  |   |                 |
| 4.8  |   | \$332.00        |
| Kohl's   | Last 4 digits of account number   |                 |
| Nonpriority Creditor's Name PO Box 3043  | When was the debt incurred?   |                 |
| Number Street Milwaukee WI 53201 3043  | As of the date you file, the claim is: Check all that apply.  |                 |
| Milwaukee Wi 33201 3043  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |                 |
| -  | Disputed  |                 |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |                 |
| Who incurred the debt? Check one.  | Student loans   |                 |
| Debtor 1 only  Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |                 |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |                 |
| At least one of the debtors and another  | Other. Specify  |                 |
| ☐ Check if this claim is for a community debt                                    | Consumer debt   |                 |
| Is the claim subject to offset?  |   |                 |
| ✓ No<br>☐ Yes  |   |                 |

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| Debtor 1 Jane Moral Pasaporte   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                   | m sequentially from the   | Total claim |
| 4.9   |   | \$649.00    |
| Macy's American Express Account   | Last 4 digits of account number   | <del></del> |
| Nonpriority Creditor's Name PO Box 9001108  | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | Contingent  |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Louisville KY 40290-1108  | — — — — — — — — — — — — — — — — — — —   |             |
| City State ZIP Code Who incurred the debt? Check one.                               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce                                |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                 | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt   | ✓ Other. Specify  Consumer debt   |             |
| Is the claim subject to offset?   | Consumer debt   |             |
| ✓ No ☐ Yes  |   |             |
| 4.10  |   | \$528.00    |
| Sears Credit Cards Nonpriority Creditor's Name                                      | Last 4 digits of account number0 _ 5 _ 9 _ 3 _  |             |
| PO Box 6283   | When was the debt incurred?   |             |
| Number Street Sioux Falls SD 57117 6283   | As of the date you file, the claim is: Check all that apply.  Contingent                                      |             |
|   | Unliquidated  |             |
|   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                       | Consumer debt   |             |
| Is the claim subject to offset?   |   |             |
| ✓ No ☐ Yes  |   |             |
|   |   |             |
| 4.11  |   | \$1,397.00  |
| Synchrony Bank Nonpriority Creditor's Name  | Last 4 digits of account number   |             |
| PO Box 965061   | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |             |
|   | Disputed  |             |
| Orlando         FL         32896-5061           City         State         ZIP Code | Type of NONDDIODITY upgeoured eleims  |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt   | ✓ Other. Specify  Consumer debt   |             |
| Is the claim subject to offset?   |   |             |
| ☑ No  |   |             |
| ☐ Yes   |   |             |

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| Debtor 1 Jane Moral Pasaporte   | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.  4.12   | m sequentially from the  | Total claim |
| Walmart Credit Card/Synchrony Bank Nonpriority Creditor's Name Attn Bankruptcy Dept   | Last 4 digits of account number  When was the debt incurred?   |             |
| Number Street PO Box 965060   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  |             |
| Orlando  City State  ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Consumer debt |             |
| ✓ No  Yes   |  |             |

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| Jane IVI                               | orai Pasapo                                       | rte   | Case number (if known)  |
|--|---|---|---|
| Part 3: List C                         | thers to Be                                       | Notified Ab   | out a Debt That You Already Listed  |
| For example, if a<br>creditor in Parts | collection ag<br>1 or 2, then li<br>sted in Parts | pency is trying<br>test the collectio<br>1 or 2, list the a | otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. to collect from you for a debt you owe to someone else, list the original n agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for bmit this page. |
| Gurstel Law Firm,                      | PC  |   | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name<br>6681 Country Club              | Dr  |   | Line <b>4.1</b> of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                          |   |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Golden Valley                          | MN<br>State                                       | <b>55427</b> ZIP Code                                       | Last 4 digits of account number   |
| LVNV Funding LLC                       | ;   |   | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| c/o Resurgent Cap                      | ital Services                                     | i   | Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims   |
| Number Street PO Box 1269              |   |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Greenville                             | SC  | 29602   | Last 4 digits of account number   |
| City                                   | State   | ZIP Code  |   |
| Messerli & Kramer                      |   |   | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name<br>3033 Campus Drive              | e Suite 250                                       |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| Number Street                          |   |   | Part 2: Creditors with Nonpriority Unsecured Claims   |
|  |   |   | —— Last 4 digits of account number  |
| Plymouth                               | MN  | 55441   |   |
| City                                   | State   | ZIP Code  |   |
| Midland Funding C                      | redit Manag                                       | ement   | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name Attn Bankruptcy                   |   |   | Line <b>4.11</b> of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims  |
| Number Street 2365 Northside Dri       | ve Suite 300                                      | 1   | Part 2: Creditors with Nonpriority Unsecured Claims   |
| 0 Di                                   |   | 00400   | Last 4 digits of account number   |
| City                                   | CA<br>State                                       | <b>92108</b> ZIP Code                                       |   |

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| Debtor 1 | Jane Moral Pasaporte                             | Case number (if known) |
|----------|--|------------------------|
| Part 4:  | Add the Amounts for Each Type of Unsecured Claim |                        |
| ,        |  |                        |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |                         | Total claim |
|--------------------------|-----|---|-------------------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.                     | \$0.00      |
|                          | 6b. | Taxes and certain other debts you owe the government  | 6b.                     | \$0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.                     | \$0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | <sup>6d.</sup> <b>-</b> | \$0.00      |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.                     | \$0.00      |
|                          |     |   |                         | Total claim |
| Total claims from Part 2 | 6f. | Student loans   | 6f.                     | \$0.00      |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                     | \$0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                     | \$0.00      |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. <b>-</b>            | \$12,108.38 |
|                          | 6j. | <b>Total.</b> Add lines 6f through 6i.  | 6j.                     | \$12,108.38 |

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| Fill in this inf                | ormation to iden  |                      |                                    |  |  |  |  |  |  |
|---------------------------------|---|----------------------|------------------------------------|--|--|--|--|--|--|
| Debtor 1                        | Jane<br>First Name  | Moral<br>Middle Name | Pasaporte<br>Last Name             |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name          | Last Name                          |  |  |  |  |  |  |
| United States Ba                | United States Bankruptcy Court for the: DISTRICT OF MINNESOTA |                      |                                    |  |  |  |  |  |  |
| Case number (if known)          |   |                      | Check if this is an amended filing |  |  |  |  |  |  |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|                              | illiorillation to     | identify your case         | :   |                           |                                    |     |
|------------------------------|-----------------------|----------------------------|---|---------------------------|------------------------------------|-----|
| Debtor 1                     | Jane<br>First Name    | Moral<br>Middle Name       | Pasaporte<br>Last Name  | _                         |                                    |     |
| Debtor 2<br>(Spouse, if fili | ing) First Name       | Middle Name                | Last Name   | _                         |                                    |     |
|                              |                       | or the: <b>DISTRICT OF</b> | MINNESOTA   | _                         |                                    |     |
| Case number<br>(if known)    |                       |                            |   |                           | Check if this is an amended filing |     |
| Official Fo                  | rm 106H               |                            |   |                           |                                    |     |
| Schedule                     | H: Your Cod           | ebtors                     |   |                           |                                    | 12/ |
| two married pe               | eople are filing toge | ether, both are equally    | any debts you may have.<br>responsible for supplying<br>rethe entries in the boxes of | correct information. If n | nore space is                      |     |
|                              | top of any Addition   | •                          | ame and case number (if k   |                           | •                                  |     |
| page. On the t               | top of any Addition   | al Pages, write your n     |   | nown). Answer every qu    | •                                  |     |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| G                       | ill in this inform   | ation to identif  | y your case:  |  |                  |                           |                      |   |                 |               |
|-------------------------|--|---|---|--|------------------|---------------------------|----------------------|---|-----------------|---------------|
|                         | Debtor 1   | Jane  | Moral   | Pasapo   | rte              |                           |                      |   |                 |               |
|                         |  | First Name  | Middle Name   | Last Name  |                  |                           | — Che                | ck if this is:  |                 |               |
|                         | Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name   | Last Name  |                  |                           | _                    | An amended filing   |                 |               |
|                         |  |   |   | F MINNESOTA  |                  |                           |                      | A supplement showing  | g postpet       | ition         |
|                         | United States Bankru Case number   | apicy Court for the.  | <u>DISTRICT OF</u>  | MININESOTA   |                  |                           | -  -                 | chapter 13 income as  | of the fo       | llowing date: |
|                         | (if known)   |   |   |  |                  |                           |                      | MM / DD / YYYY  |                 |               |
| 0                       | fficial Form 10  | 61  |   |  |                  |                           |                      |   |                 |               |
| S                       | chedule I: You   | ır Income   |   |  |                  |                           |                      |   |                 | 12/15         |
| res<br>inc<br>abo<br>yo | sponsible for supply<br>clude information ab<br>out your spouse. If<br>ur name and case no | ing correct inform<br>out your spouse.<br>more space is nee | ation. If you are<br>If you are separ<br>ded, attach a se<br>Answer every q | e married and not<br>ated and your sp<br>parate sheet to t | filing<br>ouse i | jointly, a<br>s not filii | nd your<br>ng with y | Debtor 2), both are edspouse is living with you, do not include info<br>any additional pages, | ou,<br>ormation | 1             |
| 1.                      | Fill in your employ  |   | <u> </u>  |  |                  |                           |                      |   |                 |               |
|                         | information.   | an ana  |   | Debtor 1   |                  |                           |                      | Debtor 2 or non-fili  | ng spou         | se            |
|                         | If you have more than one job, attach a separate page                                      |   | yment status  | ✓ Employed   |                  |                           |                      | ☐ Employed  |                 |               |
|                         | with information ab additional employe   |   |   | ☐ Not employ   | /ed              |                           |                      | ■ Not employed  |                 |               |
|                         | additional employe   | Occup   | ation   | Self Employe   | d Inte           | rpreter                   |                      |   |                 |               |
|                         | Include part-time, s<br>or self-employed w   | - ul -  | yer's name  |  |                  |                           |                      |   |                 |               |
|                         | Occupation may inc<br>student or homema<br>applies.  | Lilipio   | yer's address   | Number Street  |                  |                           |                      | Number Street   |                 |               |
|                         |  |   |   | City   |                  | State Z                   | ip Code              | City  | State           | Zip Code      |
|                         |  | How le  | ong employed ti   | nere? 2014   |                  |                           |                      |   |                 |               |
|                         |  |   |   |  |                  |                           |                      | ·   |                 | _             |
|                         | Part 2: Give D   | etails About Mo   | onthly Incom  | e  |                  |                           |                      |   |                 |               |
|                         | timate monthly inco<br>n-filing spouse unless  |   |   | n. If you have not   | hing to          | report fo                 | r any line           | , write \$0 in the space.   | Include         | your          |
| •                       | ou or your non-filing s<br>u need more space, a  | •   |   | er, combine the in   | formati          | on for all                | employe              | rs for that person on the   | ines be         | elow. If      |
|                         |  |   |   |  |                  | For Deb                   | otor 1               | For Debtor 2 or non-filing spouse   | _               |               |
| 2.                      | List monthly grospayroll deductions) would be.   |   |   |  | 2.               |                           | \$0.00               |   |                 |               |
| 3.                      | Estimate and list r  | monthly overtime  | oay.  |  | 3.               | ·                         | \$0.00               |   |                 |               |
| 4.                      | Calculate gross in   | come. Add line 2  | + line 3.   |  | 4.               |                           | \$0.00               |   |                 |               |

Official Form 106l Schedule I: Your Income page 1

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|          |           | Jane Moral Pasaporte   |          | Case Hull              | nber (if knov | ····)      |      |                  |       |
|----------|-----------|--|----------|------------------------|---------------|------------|------|------------------|-------|
|          |           |  |          | For Debtor 1           | For Debt      |            |      |                  |       |
|          | Сор       | y line 4 here  | 4.       | \$0.00                 |               |            | _    |                  |       |
| 5.       | List      | all payroll deductions:  |          |                        |               |            |      |                  |       |
|          | 5a.       | Tax, Medicare, and Social Security deductions  | 5a.      | \$0.00                 |               |            |      |                  |       |
|          | 5b.       | Mandatory contributions for retirement plans   | 5b.      | \$0.00                 |               |            |      |                  |       |
|          | 5c.       | Voluntary contributions for retirement plans   | 5c.      | \$0.00                 |               |            |      |                  |       |
|          |           | Required repayments of retirement fund loans   | 5d.      | \$0.00                 |               |            |      |                  |       |
|          | 5e.       | Insurance  | 5e.      | \$0.00                 |               |            |      |                  |       |
|          | 5f.       | Domestic support obligations   | 5f.      | \$0.00                 |               |            |      |                  |       |
|          | 5g.       |  | 5g.      | \$0.00                 |               |            |      |                  |       |
|          | 5h.       | Other deductions. Specify:   | 5h.+     | \$0.00                 |               |            |      |                  |       |
| 6.       |           | I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.  | 6.       | \$0.00_                | _             |            |      |                  |       |
| 7.<br>8. |           | culate total monthly take-home pay. Subtract line 6 from line 4. all other income regularly received:  | 7.       | \$0.00                 |               |            |      |                  |       |
| 0.       |           | Net income from rental property and from operating a   | 8a.      | \$200.00               |               |            |      |                  |       |
|          | ou.       | business, profession, or farm  | ou.      | Ψ200.00                |               |            |      |                  |       |
|          |           | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |          |                        |               |            |      |                  |       |
|          | 8b.       | Interest and dividends   | 8b.      | \$0.00                 |               |            |      |                  |       |
|          | 8c.       | Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.      | \$0.00                 |               |            |      |                  |       |
|          |           | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |          |                        |               |            |      |                  |       |
|          | 8d.       | Unemployment compensation  | 8d.      | \$0.00                 |               |            |      |                  |       |
|          | 8e.       | Social Security  | 8e.      | \$0.00                 |               |            |      |                  |       |
|          | 8f.       | Other government assistance that you regularly receive   |          |                        |               |            |      |                  |       |
|          |           | Include cash assistance and the value (if known) or any non-<br>cash assistance that you receive, such as food stamps<br>(benefits under the Supplemental Nutrition Assistance Program)<br>or housing subsidies. |          |                        |               |            |      |                  |       |
|          |           | Specify:   | 8f.      | \$0.00                 |               |            |      |                  |       |
|          | 8g.       | Pension or retirement income   | -<br>8g. | \$0.00                 |               | -          |      |                  |       |
|          | 8h.       | Other monthly income.  | _        |                        |               |            |      |                  |       |
|          |           | Specify:   | 8h.      | ÷\$0.00_               |               |            |      |                  |       |
| 9.       | Add       | l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.       | \$200.00               |               |            |      |                  |       |
| 10.      |           | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | \$200.00               | +             |            | =[   | \$20             | 00.00 |
| 11.      |           | e all other regular contributions to the expenses that you list in S   | chedi    | ıle J.                 |               |            |      |                  |       |
|          | Inclu     | ude contributions from an unmarried partner, members of your houselids or relatives.   |          |                        | r roommate    | s, and oth | ner  |                  |       |
|          | Do r      | not include any amounts already included in lines 2-10 or amounts that   | ıt are r | not available to pay e | xpenses lis   | ted in Scl | hedu | ıle J.           |       |
|          | Spe       | cify:  |          |                        |               | _ 11.      | +    |                  | 0.00  |
| 12.      | inco      | I the amount in the last column of line 10 to the amount in line 11.  me. Write that amount on the Summary of Your Assets and Liabilities  |          |                        |               | 12.        |      | \$20<br>Combined | 00.00 |
| 13.      |           | applies.<br>you expect an increase or decrease within the year after you file t  | his fo   | rm?                    |               |            |      | nonthly ir       |       |
|          | Π,        | No. Debtor's employment with Healthcare ended  |          |                        |               |            |      |                  |       |
|          | $\square$ | Yes. Explain:  |          | . •.                   |               |            |      |                  |       |

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| Debtor 1   | Jane Moral Pasaporte   | Case number (if known)                            |          |
|------------|--|---|----------|
| 8a. Attach | ed Statement (Debtor 1)  |   |          |
| FINANCIA   | L REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE info     | rmation directly related to the business operatio | n.)      |
| PART A - 0 | GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:                  |   |          |
| 1. Gro     | oss Income for 12 Months Prior to Filing:                      | \$0.00  |          |
| PART B - E | ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:                 |   |          |
| 2. Gro     | oss Monthly Income:  |   | \$200.00 |
| PART C - I | ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:                     |   |          |
| 3. Net     | Employee Payroll (Other Than Debtor):                          | \$0.00  |          |
| 4. Pay     | yroll Taxes:   | \$0.00  |          |
| 5. Un      | employment Taxes:  | \$0.00  |          |
| 6. Wo      | rker's Compensation:   | \$0.00  |          |
| 7. Oth     | ner Taxes:   | \$0.00  |          |
| 8. Inv     | entory Purchases (including raw materials):                    | \$0.00  |          |
| 9. Pui     | rchase of Feed/Fertilizer/Seed/Spray:                          | \$0.00  |          |
| 10. R      | ent (other than debtor's principal residence):                 | \$0.00  |          |
| 11. Ut     | tilities:  | \$0.00  |          |
| 12. O      | ffice Expenses and Supplies:                                   | \$0.00  |          |
| 13. R      | epairs and Maintenance:  | \$0.00  |          |
| 14. Ve     | ehicle Expenses:   | \$0.00  |          |
| 15. Tr     | avel and Entertainment:  | \$0.00  |          |
| 16. Ed     | quipment Rental and Leases:                                    | \$0.00  |          |
| 17. Le     | egal/Accounting/Other Professional Fees:                       | \$0.00  |          |
| 18. ln     | surance:   | <b>\$0.00</b>                                     |          |
| 19. Eı     | mployee Benefits (e.g., pension, medical, etc.):               | \$0.00  |          |
| 20. Pa     | ayments to be Made Directly by Debtor to Secured Creditors for |   |          |
| Р          | re-Petition Business Debts (Specify):                          | None  |          |
|            | ther (Specify):  | None  |          |
| 22. To     | otal Monthly Expenses (Add items 3 - 21)                       |   | \$0.00   |
| PART D - I | ESTIMATED AVERAGE NET MONTHLY INCOME:                          |   |          |
| 23. A      | VERAGE NET MONTHLY INCOME (Subtract item 22 from item 2):      |   | \$200.00 |

Official Form 106l Schedule I: Your Income page 3

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| F    | ill in this inforn  | nation to ide    | entify y  | our case:                            |         |   | Cho      | ck if this | io                              |                                       |        |
|------|---|------------------|---|--------------------------------------|---------|---|----------|------------|---------------------------------|---------------------------------------|--------|
|      | Debtor 1  | Jane             |   | Moral                                | Pasar   | oorte   |          |            | ended filing                    |                                       |        |
|      |   | First Name       |   | Middle Name                          | Last Na |   | 🛭        | A supp     | lement showing<br>13 expenses a |                                       |        |
|      | Debtor 2<br>(Spouse, if filing)   | First Name       | 1   | Middle Name                          | Last Na | me  |          | followin   |                                 | as or the                             |        |
|      | United States Bank  | ruptcy Court for | r the: D  | STRICT OF MI                         | NNESOT  | Α   |          | MM / D     | D / YYYY                        |                                       |        |
|      | Case number (if known)  |                  |   |                                      |         |   |          |            |                                 |                                       |        |
| Of   | fficial Form 10   | )6J              |   |                                      |         |   | _        |            |                                 |                                       |        |
| Sc   | chedule J: Yo   | our Expen        | ises  |                                      |         |   |          |            |                                 |                                       | 12/15  |
| naı  | rrect information. I<br>me and case numb  | f more space i   | is needed<br>Answer                               | I, attach another<br>every question. |         | ing together, both ar<br>his form. On the top       |          |            |                                 |                                       |        |
| 1.   | Is this a joint cas   | e?               |   |                                      |         |   |          |            |                                 |                                       |        |
| 2.   | <ul> <li>No. Go to line 2.</li> <li>Yes. Does Debtor 2 live in a separate household?</li> <li>No</li> <li>Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household</li> <li>Do you have dependents?</li> </ul> |                  |   |                                      |         |   |          |            |                                 | Door days                             | ndor-f |
|      | Do not list Debtor 1 and Debtor 2.  |                  | Yes. Fill out this information for each dependent |                                      |         | Dependent's relationship to<br>Debtor 1 or Debtor 2 |          | o to       | Dependent's age                 | Does depe                             |        |
|      |   |                  |   |                                      |         | Unemployed sor                                      | <u>1</u> |            | 24                              | — <mark>∏</mark> No<br>– <b>☑</b> Yes |        |
|      | Do not state the d names.   | ependents'       |   |                                      |         |   |          |            |                                 | No Yes                                |        |
|      |   |                  |   |                                      |         |   |          |            |                                 | ☐ No                                  |        |
|      |   |                  |   |                                      |         |   |          |            |                                 | − □ Yes □ No                          |        |
|      |   |                  |   |                                      |         |   |          |            |                                 | - Yes                                 |        |
|      |   |                  |   |                                      |         |   |          |            |                                 | □ No<br>- □ Yes                       |        |
| 3.   | Do your expense expenses of peo yourself and you  | ple other than   | , <u> </u>  | No<br>Yes                            |         |   |          |            |                                 |                                       |        |
| P    | Part 2: Estima  | ate Your On      | going I   | Monthly Expe                         | nses    |   |          |            |                                 |                                       |        |
| to i |   | of a date afte   | r the ban   |                                      | -       | re using this form as<br>supplemental Sche          |          |            |                                 |                                       |        |
|      | lude expenses paid<br>th assistance and   |                  |   |                                      |         |   |          |            | Your expen                      | ses                                   |        |
| 4.   | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.   |                  |   |                                      |         |   | 4        | 4.         |                                 |                                       |        |
|      | If not included in  |                  | , .   | <b>J</b> 1111                        |         |   |          |            |                                 |                                       |        |
|      | 4a. Real estate t   | axes             |   |                                      |         |   |          | 4          | ła                              |                                       |        |
|      | 4b. Property, hor   | neowner's, or re | enter's ins                                       | surance                              |         |   |          | 2          | 4b                              |                                       |        |
|      | 4c. Home mainte   | enance, repair,  | and upke  | ep expenses                          |         |   |          | 2          | 4c                              |                                       |        |
|      | 4d. Homeowner's   | s association or | r condomi   | nium dues                            |         |   |          | 4          | 1d.                             |                                       |        |

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| Deb | btor 1 Jane Moral Pasaporte   | Case number (if known) |          |
|-----|---|------------------------|----------|
|     |   | Your expense           | s        |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |          |
| 6.  | Utilities:  |                        |          |
|     | 6a. Electricity, heat, natural gas  | 6a                     | \$101.00 |
|     | 6b. Water, sewer, garbage collection  | 6b                     | \$30.00  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c                     | \$53.00  |
|     | 6d. Other. Specify: Cable, internet   | 6d                     | \$35.00  |
| 7.  | Food and housekeeping supplies  | 7.                     | \$430.00 |
| 8.  | Childcare and children's education costs  | 8.                     |          |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     | \$50.00  |
| 10. | Personal care products and services   | 10.                    | \$30.00  |
| 11. | Medical and dental expenses   | 11.                    | \$54.00  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    | \$206.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    |          |
| 14. | Charitable contributions and religious donations  | 14.                    |          |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |          |
|     | 15a. Life insurance   | 15a.                   |          |
|     | 15b. Health insurance   | 15b.                   |          |
|     | 15c. Vehicle insurance  | 15c.                   | \$77.00  |
|     | 15d. Other insurance. Specify:  | 15d.                   |          |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.                    |          |
| 17. | Installment or lease payments:  |                        |          |
|     | 17a. Car payments for Vehicle 1   | 17a                    |          |
|     | 17b. Car payments for Vehicle 2   | 17b                    |          |
|     | 17c. Other. Specify:  | 17c                    |          |
|     | 17d. Other. Specify:  |                        |          |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    |          |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |          |

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| Debtor 1 |   | Jane Moral Pasaporte  | Case number (if known) |            |
|----------|---|---|------------------------|------------|
| 20.      |   | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.   |                        |            |
|          | 20a.  | Mortgages on other property   | 20a                    |            |
|          | 20b.  | Real estate taxes   | 20b                    |            |
|          | 20c.  | Property, homeowner's, or renter's insurance  | 20c                    |            |
|          | 20d.  | Maintenance, repair, and upkeep expenses  | 20d                    |            |
|          | 20e.  | Homeowner's association or condominium dues   | 20e                    |            |
| 21.      | Other   | r. Specify: Pet Care  | <sup>21.</sup> +       | \$35.00    |
| 22.      | Calcu   | ulate your monthly expenses.  |                        |            |
|          | 22a.  | Add lines 4 through 21.   | 22a                    | \$1,101.00 |
|          | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.                | 22b                    |            |
|          | 22c.  | Add line 22a and 22b. The result is your monthly expenses.                                      | 22c                    | \$1,101.00 |
| 23.      | Calcu   | ulate your monthly net income.  |                        |            |
|          | 23a.  | Copy line 12 (your combined monthly income) from Schedule I.                                    | 23a                    | \$200.00   |
|          | 23b.  | Copy your monthly expenses from line 22c above.   | 23b. <b>_</b>          | \$1,101.00 |
|          | 23c.  | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c                    | (\$901.00) |
| 24.      | Do yo   | ou expect an increase or decrease in your expenses within the year after you                    | file this form?        |            |
|          | For example, do you expect to finish paying for your car loan within the year or do you expect your more payment to increase or decrease because of a modification to the terms of your mortgage? |   |                        |            |
|          | <b>V</b>  | No  |                        |            |
|          |   | Yes. Explain here: None.  |                        |            |
|          |   | None:   |                        |            |
|          |   |   |                        |            |

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| Fill in this       | information to i    |                            |                      |                 |
|--------------------|---------------------|----------------------------|----------------------|-----------------|
| Debtor 1           | Jane<br>First Name  | Moral<br>Middle Name       | Pasaporte  Last Name |                 |
| Debtor 2           | THOUTAINO           | Middle Hame                | <u>Last Name</u>     |                 |
| (Spouse, if filing | ng) First Name      | Middle Name                | Last Name            |                 |
| United States      | Bankruptcy Court fo | or the: <b>DISTRICT OF</b> | MINNESOTA            |                 |
| Case number        |                     |                            |                      | ☐ Check if this |
| (if known)         |                     |                            |                      | amended fili    |

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| _  |  |                                    |
|----|--|------------------------------------|
| P  | art 1: Summarize Your Assets   |                                    |
|    |  | Your assets Value of what you own  |
| 1. | Schedule A/B: Property (Official Form 106A/B)  |                                    |
|    | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$210,000.00                       |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$3,177.03                         |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$213,177.03                       |
| Р  | art 2: Summarize Your Liabilities  |                                    |
|    |  | Your liabilities<br>Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$118,129.00                       |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$0.00                             |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | +\$12,108.38                       |
|    | Your total liabilities   | \$130,237.38                       |
| P  | art 3: Summarize Your Income and Expenses  |                                    |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$200.00                           |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$1,101.00                         |

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| Deb | otor 1    | Jane Moral Pasaporte Case nu   | mbe  | er (if known)          |                      |
|-----|-----------|--|------|------------------------|----------------------|
| Р   | art 4:    | Answer These Questions for Administrative and Statistical Rec  | orc  | ds                     |                      |
| 6.  | Are yo    | u filing for bankruptcy under Chapters 7, 11, or 13?   |      |                        |                      |
|     | □ No ✓ Ye | <ul> <li>You have nothing to report on this part of the form. Check this box and submit this</li> </ul>  | forn | m to the court with yo | our other schedules. |
| 7.  | What k    | ind of debt do you have?   |      |                        |                      |
|     | Ľ         | our debts are primarily consumer debts. Consumer debts are those "incurred by armily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp  |      |                        | a personal,          |
|     |           | our debts are not primarily consumer debts. You have nothing to report on this part is form to the court with your other schedules.  | t of | the form. Check this   | s box and submit     |
| 8.  |           | he <b>Statement of Your Current Monthly Income:</b> Copy your total current monthly income 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | ome  | e from                 | \$1,340.67           |
| 9.  | Copy t    | he following special categories of claims from Part 4, line 6 of <i>Schedule E/F:</i>  |      |                        |                      |
|     |           |  |      | Total claim            |                      |
|     | From F    | Part 4 on Schedule E/F, copy the following:  |      |                        |                      |
|     | 9a. Do    | omestic support obligations. (Copy line 6a.)   |      | \$0.0                  | 00                   |
|     | 9b. Ta    | exes and certain other debts you owe the government. (Copy line 6b.)   |      | \$0.0                  | 00                   |
|     | 9c. Cl    | aims for death or personal injury while you were intoxicated. (Copy line 6c.)  |      | \$0.0                  | 00                   |
|     | 9d. St    | udent loans. (Copy line 6f.)   |      | \$0.0                  | 00                   |
|     |           | oligations arising out of a separation agreement or divorce that you did not report as iority claims. (Copy line 6g.)  |      | \$0.0                  | 00                   |
|     | 9f. De    | ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +    | \$0.0                  | 00                   |

9g. Total. Add lines 9a through 9f.

\$0.00

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| Fill in this inf                | ormation to i     | dentify your case          | :          |  |
|---------------------------------|-------------------|----------------------------|------------|--|
| Debtor 1                        | Jane              | Moral                      | Pasaporte  |  |
|                                 | First Name        | Middle Name                | Last Name  |  |
| Debtor 2<br>(Spouse, if filing) | Firet Name        | Middle Name                | Last Name  |  |
| (Spouse, ii iiiiig)             | i list Name       | Middle Name                | Lastivanie |  |
| United States Bar               | nkruptcy Court fo | or the: <b>DISTRICT OF</b> | MINNESOTA  |  |
| Case number                     |                   |                            |            |  |
| (if known)                      |                   |                            |            |  |
| Official Form                   | 106Dec            |                            |            |  |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |  |  |
| ✓ No   |   |  |  |  |  |  |  |
| Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |   |  |  |  |  |  |  |
| X /s/ Jane Moral Pasaporte Jane Moral Pasaporte, Debtor 1  | X Signature of Debtor 2   |  |  |  |  |  |  |
| Date <u>03/25/2019</u><br>MM / DD / YYYY   | Date MM / DD / YYYY   |  |  |  |  |  |  |

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| F          | ill in this info                  | ormation to i                   | dentify your case                            | :                               |   |       |
|------------|-----------------------------------|---------------------------------|--|---------------------------------|---|-------|
| D          | ebtor 1                           | Jane                            | Moral  | Pasaporte                       |   |       |
|            |                                   | First Name                      | Middle Name                                  | Last Name                       |   |       |
|            | ebtor 2                           |                                 |  |                                 |   |       |
| (S         | Spouse, if filing)                | First Name                      | Middle Name                                  | Last Name                       |   |       |
| U          | nited States Bar                  | nkruptcy Court fo               | or the: <b>DISTRICT OF</b>                   | MINNESOTA                       |   |       |
| C          | ase number                        |                                 |  |                                 | ☐ Check if this is an   |       |
| (if        | f known)                          |                                 |  |                                 | amended filing  |       |
| <br>∩f     | fficial Form                      | 107                             |  |                                 |   |       |
| _          |                                   |                                 | Affaina fan Ind                              | iniduals Filipa for D           |   | 04/40 |
| <u>ə</u> t | atement o                         | T Financia                      | Attairs for ind                              | ividuals Filing for Ba          | апкгиртсу   | 04/16 |
| cor<br>you | rect informatio<br>ur name and ca | n. If more spacese number (if k | e is needed, attach a<br>nown). Answer every | separate sheet to this form. O  | oth are equally responsible for supplying n the top of any additional pages, write ved Before |       |
| 1.         | What is your                      | current marital                 | status?                                      |                                 |   |       |
|            | ✓ Not marrie                      | ed                              |  |                                 |   |       |
| 2.         | During the las                    | st 3 years, have                |  | other than where you live now?  |   |       |
| 2.         | During the las  ✓ No  ✓ Yes. List | st 3 years, have                | you lived in the last 3 y                    | rears. Do not include where you |   |       |

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

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| Debtor 1 Jane Moral Pasaporte |            | Jane Moral Pasaporte  | Case number (if known)                     |  |  |   |  |
|-------------------------------|------------|---|--|--|--|---|--|
| Р                             | art 2:     | Explain the Sources of  | Your Income                                |  |  |   |  |
| 4.                            | Fill in th | I have any income from employing total amount of income you receive filing a joint case and you have the fill in the details. | eived from all jobs and all bu             | usinesses, including par                             | t-time activities.                         | llendar years?  |  |
|                               |            |   | Debtor 1                                   |  | Debtor 2                                   |   |  |
|                               |            |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions  |  |
|                               |            | ry 1 of the current year until<br>filed for bankruptcy:   | Wages, commissions, bonuses, tips          | \$3,177.44   | Wages, commissions, bonuses, tips          |   |  |
|                               |            |   | Operating a business                       |  | Operating a business                       |   |  |
|                               |            | calendar year:  | Wages, commissions, bonuses, tips          | \$4,602.06   | Wages, commissions, bonuses, tips          |   |  |
| (Jar                          | nuary 1 to | December 31, 2018 )   | Operating a business                       |  | Operating a business                       |   |  |
| For                           | the cale   | ndar year before that:  | Wages, commissions, bonuses, tips          | \$18,237.00  | Wages, commissions, bonuses, tips          |   |  |
| (Jar                          | nuary 1 to | December 31, <u>2017</u> )  | Operating a business                       |  | Operating a business                       |   |  |
|                               |            |   | Debtor 1                                   |  | Debtor 2                                   |   |  |
|                               |            |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions | Sources of income<br>Check all that apply. | <b>Gross income</b> (before deductions and exclusions |  |
|                               |            | ry 1 of the current year until<br>filed for bankruptcy:   | Wages, commissions, bonuses, tips          | \$166.00   | Wages, commissions, bonuses, tips          |   |  |
|                               |            |   | Operating a business                       |  | Operating a business                       |   |  |
|                               |            | calendar year:  | Wages, commissions, bonuses, tips          | \$5,847.75   | Wages, commissions, bonuses, tips          |   |  |
| (Jar                          | nuary 1 to | December 31, 2018 )   | Operating a business                       |  | Operating a business                       |   |  |
| For                           | the cale   | ndar year before that:  | ☐ Wages, commissions, bonuses, tips        | \$3,282.00   | ☐ Wages, commissions, bonuses, tips        | _   |  |
| (Jar                          | nuary 1 to | December 31, 2017 )   | Operating a business                       |  | Operating a business                       |   |  |

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| Debtor 1   |  | Jane Moral Pasaporte  |   |  | Case number (if known)  |  |  |
|--|--|---|---|--|---|--|--|
| <ul> <li>Did you receive any other income during line line line line line line line line</li></ul> |  | ncome regardless of whether the<br>syment; and other public benefit  <br>sbling and lottery winnings. If you<br>n source and the gross income for | at income is taxable. Exampayments; pensions; rental u are in a joint case and yo | ples of other income are<br>income; interest; dividen<br>u have income that you re | alimony; child support; S<br>ds; money collected from<br>eceived together, list it or | lawsuits; royalties;   |  |
|  |  |   | Debtor 1  |  | Debtor 2  |  |  |
|  |  |   | Sources of income<br>Describe below.  | Gross income<br>from each source<br>(before deductions<br>and exclusions           | Sources of income<br>Describe below.  | Gross income<br>from each source<br>(before deductions<br>and exclusions |  |
|  |  | y 1 of the current year until<br>filed for bankruptcy:  |   |  |   |  |  |
|  |  | calendar year: December 31, 2018 )  | Unemployment  | \$6,079.00   |   |  |  |
|  |  | ndar year before that: December 31, 2017 )  | Unemployment  | \$4,393.00   |   |  |  |

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| Debtor 1 |                                    | Jane Moral Pasaporte   | Case number (if known)  |  |  |
|----------|------------------------------------|--|---|--|--|
| Р        | art 3:                             | List Certain Payments You Made Before  | ou Filed for Bankruptcy   |  |  |
| 6.       | Are eith                           | er Debtor 1's or Debtor 2's debts primarily consume  | debts?  |  |  |
|          | □ No.                              | Neither Debtor 1 nor Debtor 2 has primarily consulus incurred by an individual primarily for a personal, fan         | mer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as nily, or household purpose."   |  |  |
|          |                                    | During the 90 days before you filed for bankruptcy, di   | d you pay any creditor a total of \$6,425* or more?   |  |  |
|          |                                    | ☐ No. Go to line 7.  |   |  |  |
|          |                                    | total amount you paid that creditor. Do not i  | total of \$6,425* or more in one or more payments and the nclude payments for domestic support obligations, such as ude payments to an attorney for this bankruptcy case.   |  |  |
|          |                                    | * Subject to adjustment on 4/01/19 and every 3 years   | after that for cases filed on or after the date of adjustment.  |  |  |
|          | <b>√</b> Yes.                      | Debtor 1 or Debtor 2 or both have primarily consu  | mer debts.  |  |  |
|          |                                    | During the 90 days before you filed for bankruptcy, di   | d you pay any creditor a total of \$600 or more?  |  |  |
|          |                                    | No. Go to line 7.  |   |  |  |
|          |                                    |  | total of \$600 or more and the total amount you paid that stic support obligations, such as child support and alimony.  |  |  |
| 7.       | Insiders<br>corporati<br>agent, in | include your relatives; any general partners; relatives of ons of which you are an officer, director, person in cont | a payment on a debt you owed anyone who was an insider? any general partners; partnerships of which you are a general partner; rol, or owner of 20% or more of their voting securities; and any managing etor. 11 U.S.C. § 101. Include payments for domestic support obligations |  |  |
|          | ✓ No<br>☐ Yes.                     | List all payments to an insider.   |   |  |  |
| 8.       |                                    | year before you filed for bankruptcy, did you make a   | any payments or transfer any property on account of a debt that   |  |  |
|          | Include p                          | payments on debts guaranteed or cosigned by an inside  | r.  |  |  |
|          | ✓ No<br>☐ Yes.                     | List all payments that benefited an insider.   |   |  |  |

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| Debtor 1 |  | Jane Moral Pasaporte   | Case number   | Case number (if known)         |                |                  |               |
|----------|--|--|---|--------------------------------|----------------|------------------|---------------|
| Р        | art 4:   | Identify Legal Acti  | ons, Repossessions, and   | Foreclosures                   |                |                  |               |
| 9.       | <ul> <li>Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceedic List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support modifications, and contract disputes.</li> </ul> |  |   |                                |                |                  | -             |
|          | ✓ Yes  | . Fill in the details.   |   |                                |                |                  |               |
|          | e title  |  | Nature of the case  | Court or agency                |                | Statu            | s of the case |
|          | solute R<br>saporte  | esolution Inv v Jane   | Conciliation Court  | Ramsey County Court Name       |                |                  | Pending       |
| газ      | saporte  |  |   |                                |                |                  | ☐ On appeal   |
| Cas      | o numbo  | r 62 a0 10 242   |   | Number Street                  |                |                  |               |
| Cas      | e numbe  | r <u>62-c0-19-242</u>  |   | -                              |                |                  | Concluded     |
|          |  |  |   | City                           | State          | ZIP Code         |               |
|          |  |  |   | ,                              |                |                  |               |
| 10.      | seized,  | 1 year before you filed fo<br>or levied?<br>all that apply and fill in the | r bankruptcy, was any of your p<br>details below.                   | property repossessed, forecle  | osed, garnis   | shed, attached,  |               |
|          | -  | Go to line 11.  Fill in the information be                                 | low.  |                                |                |                  |               |
| 11.      |  |  | or bankruptcy, did any creditor refuse to make a payment beca       |                                | Il institution | , set off any    |               |
|          | ✓ No<br>☐ Yes  | . Fill in the details.   |   |                                |                |                  |               |
| 12.      |  | •  | r bankruptcy, was any of your p<br>eiver, a custodian, or another o |                                | an assigne     | e for the benefi | t of          |
|          | ✓ No<br>☐ Yes  | :  |   |                                |                |                  |               |
| Р        | art 5:   | List Certain Gifts a   | and Contributions   |                                |                |                  |               |
| 13.      | Within 2   | 2 years before you filed f   | or bankruptcy, did you give any                                     | gifts with a total value of mo | ore than \$60  | 0 per person?    |               |
|          | ✓ No<br>☐ Yes  | . Fill in the details for eac  | h gift.   |                                |                |                  |               |
| 14.      | Within 2<br>to any o   | .*   | or bankruptcy, did you give any                                     | gifts or contributions with a  | total value    | of more than \$6 | 500           |
|          | ☑ No<br>☐ Yes  | . Fill in the details for eac  | h gift or contribution.   |                                |                |                  |               |

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| Debtor 1 Jane Moral Pasaporte |   |                         |                   |   | Case number (if kr     | nown)                             |                   |  |
|-------------------------------|---|-------------------------|-------------------|---|------------------------|-----------------------------------|-------------------|--|
| P                             | art 6:  | List Certain L          | osses             |   |                        |                                   |                   |  |
| 15.                           | 5. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  |                         |                   |   |                        |                                   |                   |  |
|                               | ✓ No<br>☐ Yes   | . Fill in the details.  |                   |   |                        |                                   |                   |  |
| P                             | art 7:  | List Certain P          | ayments or        | Transfers   |                        |                                   |                   |  |
| 16.                           | anyone  | you consulted abo       | out seeking ban   | otcy, did you or anyone else acting o<br>kruptcy or preparing a bankruptcy p                            | petition?              |                                   |                   |  |
|                               | □ No  | any attorneys, banki    | ruptcy petition p | reparers, or credit counseling agencies   | s for services require | ed for your bankruptd             | cy.               |  |
|                               | L<br>lker & V   | Valker Law Office       | s, PLLC           | Description and value of any prope  | erty transferred       | Date payment or transfer was made | Amount of payment |  |
|                               |   | let Ave So              |                   |   |                        |                                   | \$10.00           |  |
| Min                           | neapoli   | s MN                    | 55409             |   |                        |                                   | _                 |  |
| City                          | псароп  | State                   | ZIP Code          |   |                        |                                   |                   |  |
| Ema                           | il or websit  | e address               |                   |   |                        |                                   |                   |  |
| Pers                          | on Who M  | ade the Payment, if Not | You               |   |                        |                                   |                   |  |
| 17.                           | anyone  | who promised to h       | nelp you deal w   | otcy, did you or anyone else acting of<br>ith your creditors or to make payme<br>you listed on line 16. |                        |                                   | perty to          |  |
|                               | ✓ No<br>☐ Yes   | . Fill in the details.  |                   |   |                        |                                   |                   |  |
| 18.                           | 8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement. |                         |                   |   |                        |                                   |                   |  |
|                               | ✓ No<br>☐ Yes   | . Fill in the details.  |                   |   |                        |                                   |                   |  |
| 19.                           | you are<br>✓ No   |                         |                   | ruptcy, did you transfer any property called asset-protection devices.)                                 | y to a self-settled tr | ust or similar devic              | e of which        |  |

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| Del | otor 1              | Jane Moral Pasaporte   | Case number (if known)                                |
|-----|---------------------|--|---|
| P   | art 8:              | List Certain Financial Accounts, Instruments, Safe Dep   | osit Boxes, and Storage Units                         |
| 20. | benefit,<br>Include | I year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred? checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions | of deposit; shares in banks, credit unions, brokerage |
|     | ✓ No<br>☐ Yes       | . Fill in the details.   |   |
| 21. | -                   | now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables?   | cy, any safe deposit box or other depository          |
|     | ✓ No<br>☐ Yes       | . Fill in the details.   |   |
| 22. | ☑ No                | ou stored property in a storage unit or place other than your home with. Fill in the details.  | hin 1 year before you filed for bankruptcy?           |
| P   | art 9:              | Identify Property You Hold or Control for Someone Else   | e   |
| 23. | -                   | hold or control any property that someone else owns? Include any pin trust for someone.  | roperty you borrowed from, are storing for,           |
|     | ✓ No<br>☐ Yes       | . Fill in the details.   |   |
| P   | art 10:             | Give Details About Environmental Information   |   |
| Foi | the purp            | ose of Part 10, the following definitions apply:   |   |
|     | hazardou            | nental law means any federal, state, or local statute or regulation cond<br>is or toxic substance, wastes, or material into the air, land, soil, surfact<br>statutes or regulations controlling the cleanup of these substances,                                   | ce water, groundwater, or other medium,               |
|     |                     | ns any location, facility, or property as defined under any environmen<br>or used to own, operate, or utilize it, including disposal sites.  | tal law, whether you now own, operate, or             |
|     |                     | <i>is material</i> means anything an environmental law defines as a hazard<br>e, hazardous material, pollutant, contaminant, or similar item.  | ous waste, hazardous substance, toxic                 |
| Re  | port all no         | otices, releases, and proceedings that you know about, regardless of   | when they occurred.                                   |
| 24. | Has any<br>law?     | governmental unit notified you that you may be liable or potentially l   | iable under or in violation of an environmental       |
|     | ✓ No<br>☐ Yes       | . Fill in the details.   |   |

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| Deb                     | otor 1   | Jane Moral Pasaporte  | Case number (if known)  |  |  |
|-------------------------|--|---|---|--|--|
| 25.                     | <b>☑</b> No  | ou notified any governmental unit of any rel  | ease of hazardous material?   |  |  |
|                         | ☐ Yes  | s. Fill in the details.   |   |  |  |
| 26.                     | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |   |   |  |  |
|                         | ✓ No<br>☐ Yes  | s. Fill in the details.   |   |  |  |
| P                       | art 11:  | Give Details About Your Business  | s or Connections to Any Business  |  |  |
| 27.                     | Within 6   |   | you own a business or have any of the following connections to any  |  |  |
|                         |  | A member of a limited liability company (LLC A partner in a partnership An officer, director, or managing executive o | f a corporation   |  |  |
|                         | ✓ No.  | None of the above applies. Go to Part 12.  S. Check all that apply above and fill in the det                          |   |  |  |
| 28.                     | . Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |   |  |  |
|                         | □ No<br>□ Yes  | s. Fill in the details below.   |   |  |  |
| P                       | art 12:  | Sign Below  |   |  |  |
| that<br>proportion b    | t answer<br>perty by<br>both. 18<br>/s/ Jane   | s are true and correct. I understand that ma  | Affairs and any attachments, and I declare under penalty of perjury aking a false statement, concealing property, or obtaining money or e can result in fines up to \$250,000, or imprisonment for up to 20 years,  Signature of Debtor 2 |  |  |
|                         |  | ,   |   |  |  |
| [                       | Date   | 03/25/2019  | Date  |  |  |
|                         |  | ch additional pages to Your Statement of Fi   | inancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |  |  |
|                         | Yes  |   |   |  |  |
| Did                     | you pay  | or agree to pay someone who is not an atte  | orney to help you fill out bankruptcy forms?  |  |  |
| $\overline{\mathbf{V}}$ |  |   |   |  |  |
|                         | Yes. Na  | me of person  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |  |  |

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| Fill in this information to identify your case:                      |                    |             |            |  |
|--|--------------------|-------------|------------|--|
| Debtor 1   | Jane<br>First Name | Moral       | Pasaporte  |  |
|  | First Name         | Middle Name | Last Name  |  |
| Debtor 2   | First Name         | Middle Nove | Look Norma |  |
| (Spouse, if filing)  | First Name         | Middle Name | Last Name  |  |
| United States Bankruptcy Court for the: <b>DISTRICT OF MINNESOTA</b> |                    |             |            |  |
| Case number  |                    |             |            |  |
| (if known)   |                    |             |            |  |
| (  |                    |             |            |  |

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

| ١. | For any creditors that you listed in Part 1 of Schedule D: Creditors who Hold Claims Secured by Property (Oπicial Form 106D), fill in the information below. |  |   |   |  |  |
|----|--|--|---|---|--|--|
|    | Identify the   | creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |  |  |
|    | Creditor's name:   | Seterus Inc.                                 | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No ✓ Yes  |  |  |

| name:                                  | Seterus Inc.                      |   | Retain the property and redeem it.  | ☑ | No<br>Yes |
|--|-----------------------------------|---|---|---|-----------|
| Description of property securing debt: | Homestad located at:              |   | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: |   |           |
| Creditor's                             | Walker & Walker Law Offices, PLLC | П | Surrender the property.   | П | No        |
| name:                                  |                                   |   | Retain the property and redeem it.  |   | Yes       |

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| Debtor 1    | Jane Moral Pasaporte                 |                                   | Case number (if known)   |
|-------------|--------------------------------------|-----------------------------------|--|
| Part 2      | 2: List Your Unexpired Per           | rsonal Property Leases            |  |
| fill in the | e information below. Do not list rea | l estate leases. Unexpired leases | recutory Contracts and Unexpired Leases (Official Form 106G), is are leases that are still in effect; the lease period has not stee does not assume it. 11 U.S.C. § 365(p)(2). |
| De          | scribe your unexpired personal pro   | perty leases                      | Will this lease be assumed?  |
| No          | one.                                 |                                   |  |
|             |                                      | •                                 | ut any property of my estate that secures a debt and   |
| •           | ane Moral Pasaporte                  | <b>V</b>                          |  |
|             | Moral Pasaporte, Debtor 1            | Signature of Debtor               | 2  |
| Date        | 03/25/2019                           | Date                              |  |
|             | MM / DD / YYYY                       | MM / DD / YY                      | YY   |

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B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA ST. PAUL DIVISION

| In | re Jane Moral Pasaporte  | Case No.   |                                 |
|----|--|--|---------------------------------|
|    |  | Chapter  | 7                               |
|    | DISCLOSURE OF COM  | PENSATION OF ATTORNEY FOR  | DEBTOR                          |
| 1. | that compensation paid to me within one year                         | r. P. 2016(b), I certify that I am the attorney for the pefore the filing of the petition in bankruptcy, or a of the debtor(s) in contemplation of or in connection. | agreed to be paid to me, for    |
|    | For legal services, I have agreed to accept                          | \$2  | 2,005.00                        |
|    | Prior to the filing of this statement I have receive                 | /ed  | \$10.00                         |
|    | Balance Due  | \$1  | 1,995.00                        |
| 2. | The source of the compensation paid to me wa                         | as:  |                                 |
|    | ✓ Debtor ☐ Other (   | specify)   |                                 |
| 3. | The source of compensation to be paid to me                          | s:   |                                 |
|    | ☐ Debtor ☑ Other (   | specify)<br>ey lien upon homestead.  |                                 |
| 4. | I have not agreed to share the above-disc associates of my law firm. | losed compensation with any other person unles   | ss they are members and         |
|    |  | ed compensation with another person or persons<br>greement, together with a list of the names of th  |                                 |
| 5. | In return for the above-disclosed fee, I have a                      | reed to render legal service for all aspects of th   | e bankruptcy case, including:   |
|    | a. Analysis of the debtor's financial situation, a bankruptcy;       | nd rendering advice to the debtor in determining   | g whether to file a petition in |
|    | b. Preparation and filing of any petition, sched                     | ules, statements of affairs and plan which may b   | pe required;                    |

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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| B2030 (Form | 2030) | (12/15) |
|-------------|-------|---------|
|-------------|-------|---------|

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/25/2019 /s/ Andrew C. Walker

Date Andrew C. Walker

Walker & Walker Law Offices, PLLC 4356 Nicollet Ave So

Minneapolis, MN 55409

Phone: (612) 824-4357 / Fax: (612) 824-8005

Bar No. 0392525

/s/ Jane Moral Pasaporte

Jane Moral Pasaporte

Absolute Resolutions Corp LLC 8000 Norman Center Drive #350 Bloomington, MN 55437

Capital One Bank (USA), N.A. PO Box 6492 Carol Stream, IL 60197-6492

Citi Cards PO Box 78045 Phoenix, AZ 85062-8045

City & County Credit Union Visa Customer Service PO Box 31112 Tampa, FL 33631-3112

Credit First National Assoc PO Box 81315 Cleveland OH 44181 0315

Firestone/Credit First NA BK-16 Credit Operations PO Box 81410 Cleveland OH 44181

Gurstel Law Firm, PC 6681 Country Club Dr Golden Valley MN 55427

Home Depot Credit Services P O Box 790328 St. Louis, MO 63179

Kohl's PO Box 3043 Milwaukee WI 53201 3043

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LVNV Funding LLC c/o Resurgent Capital Services PO Box 1269 Greenville, SC 29602

Macy's American Express Account PO Box 9001108
Louisville, KY 40290-1108

Messerli & Kramer 3033 Campus Drive Suite 250 Plymouth MN 55441

Midland Funding Credit Management Attn Bankruptcy 2365 Northside Drive Suite 300 San Diego CA 92108

Mr. Cooper 8950 Cypress Waters Blvd Coppell, TX 75019

Sears Credit Cards PO Box 6283 Sioux Falls SD 57117 6283

Seterus Inc. Attn: Bankruptcy Department PO Box 1047 Hartford CT 06143-1047

Synchrony Bank PO Box 965061 Orlando FL 32896-5061

Walker & Walker Law Offices, PLLC 4356 Nicollet Avenue South Minneapolis, MN 55409

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Walmart Credit Card/Synchrony Bank Attn Bankruptcy Dept PO Box 965060 Orlando, FL 32896

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| Fil                     | l in this inf                                    | ormation to  | identify your case:   |  |  | e box only as dire<br>in Form 122A-1Sเ                                   |                                  |
|-------------------------|--|--|---|--|--|--|----------------------------------|
| Deb                     | otor 1   | Jane<br>First Name   | Moral<br>Middle Name  | Pasaporte Last Name  | _  | no presumption of abu  |                                  |
|                         | otor 2<br>ouse, if filing)                       |  | Middle Name   | Last Name  | 2.The calco  | ulation to determine if applies will be made u                           | a presumption<br>under Chapter 7 |
| Uni                     | ted States Ba                                    | nkruptcy Court fo  | or the: <b>DISTRICT OF I</b>  | MINNESOTA  |  | est Calculation (Officia   |                                  |
|                         | se number<br>(nown)                              |  |   |  |  | ns Test does not apply<br>ed military service but                        |                                  |
|                         |  |  |   |  | ☐ Check if t   | his is an amended filin  | g                                |
| Offi                    | cial Form  | 122A-1   |   |  |  |  |                                  |
| Cha                     | apter 7 S  | tatement c   | of Your Current   | Monthly Income   |  |  | 12/1                             |
| are e<br>milita<br>122A | exempted from<br>ary service, c<br>a-1Supp) with | m a presumption complete and file this form.                   | n of abuse because yo   | s, write your name and case ou do not have primarily con tion from Presumption of A ncome  | nsumer debts or be   | ecause of qualifying   | you                              |
|                         |  |  |   |  |  |  |                                  |
|                         |  |  | ng status? Check one o  | лпу.   |  |  |                                  |
|                         |  |  | lumn A, lines 2-11.   |  |  |  |                                  |
|                         | _  |  |   | ill out both Columns A and B,  |  |  |                                  |
|                         | _  |  |   | ou. You and your spouse a  |  |  |                                  |
|                         |  |  |   | t legally separated. Fill out b  |  |  |                                  |
|                         | dec  | lare under penal   | Ity of perjury that you and   | d. Fill out Column A, lines 2-1<br>d your spouse are legally seps<br>s that do not include evading   | parated under nonba  | ankruptcy law that app   | lies or that you                 |
|                         | bankruptcy c<br>August 31. If<br>in the result.  | the amount of your point of the amount of your point include a | § 101(10A). For exampour monthly income variany income amount more  | ed from all sources, derived<br>ole, if you are filing on Septer<br>ied during the 6 months, add<br>e than once. For example, if<br>have nothing to report for any | mber 15, the 6-month<br>the income for all 6<br>both spouses own t | th period would be Mar<br>months and divide the<br>he same rental proper | ch 1 through<br>total by 6. Fill |
|                         |  |  |   |  | Column A  Debtor 1   | Column B  Debtor 2 or non-filing spouse                                  |                                  |
|                         | _  | vages, salary, ti  | ps, bonuses, overtime,  | , and commissions  | \$1,028.17   |  |                                  |
|                         | <b>Alimony and</b> if Column B is                | -  | ayments. Do not includ  | de payments from a spouse  | \$0.00   |  |                                  |
| ,                       | expenses of y<br>regular contrib<br>your depende | you or your depoutions from an units, parents, and             | e which are regularly poendents, including chi<br>unmarried partner, memi<br>d roommates. Include re<br>not filled in. Do not inclu | ild support. Include bers of your household, egular contributions from   | \$0.00   |  |                                  |

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| Deb | otor 1                         | Jane Moral Pasaporte  |   |                                    | c        | ase number (if k   | nown)                                   |                              |
|-----|--------------------------------|---|---|------------------------------------|----------|--------------------|---|------------------------------|
|     |                                |   |   |                                    |          | Column A  Debtor 1 | Column B  Debtor 2 or non-filing spouse | e                            |
| 5.  | Net inc                        | ome from operating a busin  | ess, profession, o  | r farm                             |          |                    |   |                              |
|     |                                |   | Debtor 1  | Debtor 2                           |          |                    |   |                              |
|     | Gross re                       | eceipts (before all ons)  | \$328.83  |                                    |          |                    |   |                              |
|     | Ordinar<br>expense             | y and necessary operating -es   | \$16.33   |                                    | Сору     |                    |   |                              |
|     |                                | nthly income from a business ion, or farm   | \$312.50  |                                    | here →   | \$312.50           |   |                              |
| 6.  | Net inc                        | ome from rental and other r   | eal property  |                                    |          |                    |   |                              |
|     |                                |   | Debtor 1  | Debtor 2                           |          |                    |   |                              |
|     | Gross re                       | eceipts (before all ons)  | \$0.00  | -                                  |          |                    |   |                              |
|     | Ordinar<br>expense             | y and necessary operating -es   | \$0.00  | <b>-</b>                           | Сору     |                    |   |                              |
|     |                                | nthly income from rental or<br>al property  | \$0.00  |                                    | here →   | \$0.00             |   |                              |
| 7.  | Interes                        | t, dividends, and royalties   |   |                                    |          | \$0.00             |   |                              |
| 8.  | Unemp                          | loyment compensation  |   |                                    |          | \$0.00             |   |                              |
|     |                                | enter the amount if you conter<br>under the Social Security Act.  |   |                                    |          |                    |   |                              |
|     | For                            | you   |   | \$0.                               | 00_      |                    |   |                              |
|     | For                            | your spouse   |   |                                    | _        |                    |   |                              |
| 9.  |                                | n or retirement income. Do enefit under the Social Secur  | ,   | ount received that                 |          | \$0.00             |   |                              |
| 10. | amount<br>or paym<br>or interr | e from all other sources not  Do not include any benefits nents received as a victim of a national or domestic terrorism e page and put the total belov | received under the a war crime, a crime.  If necessary, list of | Social Security A against humanity | ct<br>′, |                    |   |                              |
|     |                                |   |   |                                    |          |                    |   |                              |
|     | Total ar                       | mounts from separate pages,   | if any.   |                                    | +        |                    | +                                       |                              |
| 11. | Add line                       | ate your total current monthles 2 through 10 for each colured the total for Column A to the   | nn.   | R                                  |          | \$1,340.67         | +                                       | =\$1,340.67                  |
|     | inen at                        | ad the total for Column A to th   | o total for Column t  | ٠.                                 |          |                    |   | Total current monthly income |

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| Debtor 1 |         | Já                      | ane Moral Pasaporte   |                                    | Case number (if known)                             |    |  |
|----------|---------|-------------------------|---|------------------------------------|--|----|--|
| P        | art 2:  |                         | Determine Whether the Means   | Test Applies to You                |  |    |  |
| 12.      | Calc    | ulate                   | your current monthly income for the y   | ear. Follow these steps:           |  |    |  |
|          | 12a.    | Cop                     | by your total current monthly income from   | line 11                            | Copy line 11 here → 12a. \$1,340.                  | 67 |  |
|          |         | Mul                     | tiply by 12 (the number of months in a ye   | ar).                               | X 12   |    |  |
|          | 12b.    | The                     | e result is your annual income for this part  | t of the form.                     | 12b. <b>\$16,088.</b>                              | )4 |  |
| 13.      | Calc    | ulate                   | the median family income that applies   | to you. Follow these steps:        |  |    |  |
|          | Fill in | the s                   | state in which you live.  | Minnesota                          |  |    |  |
|          | Fill in | the r                   | number of people in your household.   | 2                                  |  |    |  |
|          | Fill in | the r                   | median family income for your state and s   | size of household                  |  | 00 |  |
|          |         |                         | ist of applicable median income amounts s for this form. This list may also be avai |                                    | •  |    |  |
| 14.      | How     | do th                   | ne lines compare?   |                                    |  |    |  |
|          | 14a.    | $\overline{\mathbf{V}}$ | Line 12b is less than or equal to line 13<br>Go to Part 3.                          | . On the top of page 1, check b    | oox 1, There is no presumption of abuse.           |    |  |
|          | 14b.    |                         | Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.     | op of page 1, check box 2, The     | presumption of abuse is determined by Form 122A-2. |    |  |
| P        | art 3:  |                         | Sign Below  |                                    |  |    |  |
|          | By      | signir                  | ng here, I declare under penalty of perjury   | / that the information on this sta | tement and in any attachments is true and correct. |    |  |
|          |         | , , , , ,               | ana Maral Basanaria   |                                    |  |    |  |
|          |         |                         | ane Moral Pasaporte  Moral Pasaporte, Debtor 1                                      | <b>X</b><br>Signa                  | ature of Debtor 2                                  |    |  |
|          |         | Date <sub>.</sub>       | 3/25/2019   | Date                               |  |    |  |
|          |         |                         | MM / DD / YYYY  |                                    | MM / DD / YYYY                                     |    |  |
|          | If yo   | ou ch                   | ecked line 14a, do NOT fill out or file For   | m 122A-2.                          |  |    |  |

Official Form 122A-1

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Local Form 1007-1 REVISED 06/16

### UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

| In re<br>Jane Moral P            | <sup>o</sup> asaporte                            | Cas   | se No.  |
|----------------------------------|--|---|---|
|                                  | Debtor(s).                                       |   |   |
|                                  | DISCLOSURE OF                                    | F COMPENSATION OF ATTORNEY  | FOR DEBTOR  |
| the above-nar<br>petition in bar | med debtor(s) and that<br>hkruptcy, or agreed to | 29(a) and Fed. Bankr. P. 2016(b), I ce nat compensation paid to me within on be paid to me, for services rendered for in connection with the bankruptcy | ne year before the filing of the dor to be rendered on behalf |
| For legal serv                   | vices, I have agreed                             | to accept:  | \$2,005.00  |
| Prior to the fi                  | ling of this statement                           | t I have received:  | \$10.00   |
| Balance Due                      |  |   | \$1,995.00  |
| 2. The s                         | ource of the comper                              | sation paid to me was:  |   |
|                                  | Debtor   | Other (specify)   |   |
| 3. The s                         | ource of compensati                              | on to be paid to me is:   |   |
|                                  | Debtor   | Other (specify) Attorney's lien recorded against the  | debtor's house  |
| 4.                               |  | o share the above-disclosed compens and associates of my law firm.  | sation with any other person unless                           |
|                                  | who are not member                               | are the above-disclosed compensatio<br>ers or associates of my law firm. A co<br>mes of the people or entities sharing i                                | py of the agreement, together                                 |

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Local Form 1007-1 REVISED 06/16

- 5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - D. Representation of the debtor in contested bankruptcy matters; and
  - E. Other services reasonably necessary to represent the debtor(s).
- 6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

#### **CERTIFICATION**

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

| Date: March 25, 2019 | Signature of Attorney |
|----------------------|-----------------------|
|                      | /s/ Andrew C. Walker  |